DOCUMENT RESUME

ED 182 383 UD 020 120

TITLE Report of Survey of Howard University College of Medicine.
INSTITUTION Office of Education (DHEW), Washington, D.C.
PUB DATE 75
NOTE 97p.; Appendix C may be marginally legible due to light, broken print

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Administrative Organization; Admission (School); Budgeting; *Curriculum Evaluation; *Departments; Higher Education; *Institutional Evaluation; *Medical Education; *Medical Schools; School Holding Power; School Organization; Student Financial Aid
IDENTIFIERS *Howard University DC

ABSTRACT

Howard University's School of Medicine is evaluated in this report, in fulfillment of the United States Congress's requirement that the Office of Education annually evaluate one aspect of the Howard University educational program. Evaluation teams, comprised mostly of Office of Education professionals, spent several days at the University meeting with members of the administrative staff, faculty, and students so as to obtain a rounded view of the program. In addition, relevant facilities, laboratories, equipment, documents, reports and libraries were examined. The first part of this report is concerned with nonprogrammatic areas, such as admissions, retention, financial aid, library and research facilities, continuing education, and alumni. The second part, focusing on the academic program, examines such areas as the university organization, budget and finance, curriculum, and specific university departments. The following recommendations are made: (1) the Federal government must make available additional funds for student aid, patient care, and improvements in the school's physical plant; (2) Federal funds must be made available prior to the beginning of the academic year; (3) the school's administration should be decentralized; (4) a faculty practice plan should be adopted as soon as possible; and (5) the research and graduate training programs must be enlarged and enhanced. (Author/RLV)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

NOV 2 9 1979

ED182383

REPORT OF SURVEY OF HOWARD UNIVERSITY

COLLEGE OF MEDICINE

WASHINGTON, D.C.

1975

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

UD020120

TABLE OF CONTENTS

Preface---- 1

Office of Education Inspection---- 1

Howard University's Philosophy of Medical Education---- 1
Admission to Medical School---- 5
Student Retention---- 11
Student Financial Aid---- 12
The Medical/Dental Library---- 13
Laboratories, Research Facilities, and Animal Support Facilities---- 16
Continuing Education---- 17
The Alumni---- 20

The Medical Consultants Inspection---- 24

Introduction---- 24

Organization---- 27

General University Organization---- 27
Internal Organization, College of Medicine---- 27

Budget and Finance---- 29

Medical College---- 29
Howard University Hospital---- 30
Budgeting Process---- 31

Students---- 32

Admissions---- 32
Student Body---- 32
Financial Aid---- 33
Academic Reinforcement Program---- 33

Physical Plant---- 34

Clinical Affiliations---- 36

Curriculum---- 39

Departments---- 40

Anatomy---- 40
Biochemistry---- 42
Physiology and Biophysics---- 43
Microbiology---- 44
Pharmacology---- 45

Pathology----47
Physical Medicine and Rehabilitation----48
Medicine----49
Surgery----50
Pediatrics and Child Health----51
Obstetrics and Gynecology----53
Psychiatry----55
Family Practice----56
Community Health Practice----57
Radiology----58
Radiation Therapy----59
Dermatology----59
Center for Sickle Cell Disease----60
Cancer Research Center----62

Research and Graduate Training----63

Observations----66

Mission----66
Organization and Administration----67
Faculty----68
Curriculum----69
Patient Care Financing----70
Clinical Departments----71

Conclusions and Recommendations----72

Appendices----75

Appendix A - Schedule for Medical Consultants Inspection----75
Appendix B - Medical School Budget----79
Appendix C - Research Grants----84
Appendix D - Membership of the Survey Team----91

PREFACE

In recent years the Office of Education's Bureau of Postsecondary Education has had the responsibility for carrying out the annual inspection of Howard University as required by Congress since 1928 under Public Law 70-134. The inspection method adopted has been to conduct an in-depth survey of one particular aspect of Howard University's educational program each year rather than attempt to inspect the entire University annually. Teams, comprised mostly of Office of Education professionals, spend several days at the University meeting with members of Howard's administrative staff, its faculty, and student body to obtain a rounded view of the area being inspected. In addition, relevant facilities, laboratories, equipment, documents, reports and libraries are examined in this process. As a result of this procedure, a report emerges which, in large measure, reflects the views of all those involved.

The Office of Education has carried out the following inspections of Howard University during the last three years: Community Service and Continuing Education (1972); Student Financial Aid Program (1973); The International Education Program (1974).

This year's report is concerned with the College of Medicine. In order to carry out this inspection, the Office of Education enlisted the assistance of the Division of Medicine of the Bureau of Health Manpower of the Public Health Service. Under the direction and supervision of Dr. William Bennett of the Division of Medicine, a team of medical consultants (see Appendix D for membership) was assembled to inspect the programmatic aspects of the College of Medicine's educational offerings.

This inspection report is organized, therefore, into two parts. The first part of the inspection, concerned mainly, with non-programmatic areas, was authored by professionals of the Office of Education; the second part, focused on the academic program, was authored by the team of medical consultants.

While there are some areas of overlap between the work of the two teams, their conclusions are not contradictory. Of chief concern, was to maintain the integrity of the medical consultants' report.

The inspection team is appreciative of the fine cooperation given by the administration, faculty, and students of Howard University. In particular, we wish to thank President James E. Cheek and Vice President for Health Affairs Carlton P. Alexis for their encouragement to this particular inspection. Further, we wish to acknowledge the specific and direct assistance provided by Dr. Marion Mann, Dean of the College of Medicine. A special note of acknowledgement is due to Mr. Sterling M. Lloyd, Jr., Assistant to Dean Mann, who was especially cooperative and helpful.

We must note the excellent cooperation and direction given by Dr. William Bennett who was responsible for bringing the medical consultants team together and who supervised the preparation of their part of this Report.

A special word of recognition for his excellent performance is due to Dr. Louis Venuto of the Office of Education who not only supervised the work of the professionals of the Office of Education but was responsible also for the overall coordination of the entire report. His editorial and educational expertise made a significant contribution to the total insepction.

Preston Valien

HOWARD UNIVERSITY'S PHILOSOPHY OF MEDICAL EDUCATION

From its inception the philosophy of the Howard University College of Medicine has been rooted in the idea of rendering professional service to the community. Simply stated, its original objective was to prepare students for the general practice of medicine. However, in keeping with increasing demands for specialization, the tremendous growth of medicine is a science, and the widening horizons reflected in research in the biophysical and social sciences, the objectives of the college have expanded. As a result, substantial and continuing efforts have been made in rethinking its philosophy and objectives, in revising the curriculum of the college, and in expanding its physical capacities to meet the requirements of health science careers so that the highest standards in these educational programs might be maintained.

Implicit in the program of the Howard University College of Medicine is the effort to offer preparation for analytical thinking and professional action to an individual who will express a willingness and zeal to care for the disadvantaged and to provide leadership in his community.

The idea of a "core" concept of medical education is basic to program planning. It is believed that there is an essential core of knowledge and skills which seem necessary for all individuals who pursue the practice of medicine. Therefore, these core courses must be completed by all students in the college. This does not negate the conception that certain factors make it necessary to provide an opportunity for students to pursue their special interests through electives. Thus, ample opportunity is provided in a student's program to meet his unique needs through pursuing such elective courses.

In order to keep the program in line with societal developments, it is believed that critical self-reappraisal of administration, faculty, students, curriculum, and other facets of the college must be continuous so that its role as a major educational institution can be more adequately fulfulled.

In viewing the specific goals of medical education at Howard, it is observed that the program is multi-faceted including: education, research, and service. Emphasized in this multi-faceted mission is continuing education and education of the community. Born during the hey day of segregation in all aspects of American life, Howard University has naturally leaned heavily toward the education of black students. These students are motivated to continue their education, emphasizing, in the process, care for socially and economically deprived communities. It should be pointed out further that Howard University is the prime producer of black physicians. These physicians practice their profession in general, among black people. Because of the fact that the physicians target group has been identified, it was natural for the implications of this fact to be pursued in program planning. This implies that the physician should

possess community consciousness and be a general practitioner, not given to over-specialization.

Emphasis upon family practice is an integral part of the program of the college. It was emphasized that there is a great need for the generalist. But, it is recognized that these generalists should continue to grow. It is for this reason that continuing education is emphasized for those graduates who will not pursue further specialization.

Though a great deal of stress is placed upon meeting the needs of black physicians in this country, the number of foreign students who enter the College of Medicine is sufficient to stimulate faculty thinking about whether or not they have specific needs that should be met apart from those of other students. It has been concluded, however, that the knowledge and skills gained and the infusion of social consciousness puts them in good stead to practice in their respective homelands after completing their work at Howard.

In November 1971, the faculty of the College of Medicine completed a searching examination of the objectives of the College. While the statement is quite detailed, it reinforces and expands the material already provided in this statement.

By way of introduction the following statement is made: "The Faculty of the College of Medicine has set forth as its primary objective for the educational program to produce a competent, compassionate physician who will use the scientific approach to problem-solving, and will be motivated to continue his medical education and growth. His orientation will emphasize the caring of the socially and economically deprived."

The expanded statement follows:

I. The student will be required to demonstrate competence in the following areas:

   A. The student should acquire requisite knowledge of normal development, structure, and function of the human being, and utilize these principles in patient problem-solving.

   B. He will be able to identify physical, chemical and biological agents as well as hereditary factors, psychological factors, living habits, and social forces which affect the human being, and to utilize this information in the solution of clinical problems.

   C. He will be able to identify and utilize the general techniques and resources available both to the individual and to the community for the prevention of disease and the maintenance of health.

D. He will be able to effectively utilize the services and skills of health care team to enhance his effectiveness to the community.

E. He will have the basic skills to:

1. Obtain an accurate and complete history of all of the patient's problems.

2. Perform a complete physical examination effectively, utilizing instruments commonly used by all physicians.

3. Be able to order and interpret appropriate and essential laboratory tests.

4. Be able to use and assemble data to provide a diagnostic appraisal and effective course of therapy, calling upon additional specialists and community services as needed.

II. The student will demonstrate by his behavior patterns certain essential habits, attitudes and abilities.

A. He will be able, through critical reading and evaluation of information and through the use of the scientific method in approaching medical problems, to continue his self-education.

B. He will be able to carry out diagnostic and therapeutic procedures with thoroughness and accuracy.

C. He will be able to handle patients with consideration and perceptiveness.

1. He will be able to interpret findings and diagnosis to patients in such a way as to give hope and understanding.

2. He will be able to win and hold the confidence of patients and their families.

D. He will be especially committed to solving the problems of those persons who are socially and economically deprived.

III. The student will be evaluated according to the standards and objectives set by each Department in consonance with the overall objectives of the College of Medicine.

A. The student will demonstrate through written examination given by the Departments the knowledge needed in preparation for passing the National Board Examinations.

B. By fulfilling the above criteria, the student will be able to enter the health profession as a generalist or to pursue an area of special interest.

Overall, this statement sets forth the knowledge, skills, and understandings conceived by the Faculty of the College of Medicine as necessary for the successful practice of medicine. Central to this mission is instilling the competence to utilize the scientific method in problem-solving, and the willingness and zeal on the part of the graduate of the College to continue growing.

ADMISSION TO MEDICAL SCHOOL

Howard University's mission and efforts to supply adequate health care for black communities are very broad. Included are the following activities: encouraging high school students to consider the health professions; monitoring the accomplishments and preparation of pre-medical undergraduate students; and placing Howard undergraduates in medical schools, whether or not they select Howard University's College of Medicine.

General Education Desired for Premedical Students

Dr. Clarence Lee, Associate Dean, College of Liberal Arts, Howard University, is the chief advisor for undergraduate students with pre-medical education majors. He is assisted by Dr. Georgiana Aboko-Cole, and a full-time reference secretary located in Founder's Library. These persons work very closely with the College of Medicine.

Between Drs. Lee and Aboko-Cole, each student pursuing a premedical course is interviewed prior to, or early in, the freshman year and again at the end of the year. Realizing that successful entry into schools of medicine requires a combination of good scholarship, personal discipline, and other characteristics, every effort is made to apprise the students of their academic status and to encourage them to keep informed regarding all phases of the medical profession. Students' grades are audited and those with a grade point average below 2.5 are counselled to try another course of study.

Premedical students are advised regarding the Medical College Admission Test (MCAT) and how to prepare for it. An MCAT review course is given twice a year, lasting 8 weeks, running from Monday through Friday afternoons from 4:00 to 5:50 p.m. Most of the instructors for these courses receive extra pay for these additional duties. Experience has shown that the scores received on MCAT by students taking these courses are higher than those for students who did not take the course.

The resource person in the University's main library is a full-time secretary who maintains a file of catalogs for each medical college in the Nation. Paid out of a special grant established for this purpose, she is available on a daily basis to answer questions and to direct students to sources of information relevant to becoming a physician or a dentist.

It should be noted that the College of Medicine does not rely entirely on Howard's undergraduate school for its students. However, because of the interest in making information about medical school opportunities available to students with potential, a Health Science Institute which works with area high schools has been established. The Institute which attracts high school students in the D.C. metropolitan area for summer

courses in English, mathematics, science and history, is an attempt to direct students into the health professions. The students are recommended by their school principals and selected by Howard. Incidentally, the feeling was expressed that high school counselors are not doing an adequate job of helping to encourage students to enter the health professions, and this was given as the rationale for setting up the summer Institute and working with the high school principals.

Premedical students are advised that Howard's College of Medicine is similar to other medical schools in preferring students who have taken appropriate undergraduate courses. Hence, although the premedical course is fairly flexible within a certain range, students are encouraged to take 8 hours of biology, 16 in chemistry, 8 in physics, and 8 hours of mathematics. Grades in these courses are assessed at the end of the sophomore and junior years.

Students intending to enter schools of dentistry and medicine are advised to become members of the Premedical-Predental Society with Dr. Lee serving as its sponsor. Its membership currently numbers around 250 and generally about 100 attend most of the meetings held every Friday from noon to 1:40 p.m. About one-half of the members are females. Guest speakers from medical schools throughout the United States meet with the Society. Howard's College of Medicine participates and the Dean hosts receptions twice a year to present the advantages of attending its school. While students are advised to investigate all medical schools, there is some effort to stimulate consideration of Howard's medical school. About 75 percent of the freshmen who enter with the intention of entering a professional medical school maintain this plan through their senior year.

A premedical advisory committee composed of liberal arts professors in the natural and social sciences and in psychology also assist the students in preparing for careers in the health professions.

Worthy of note is the University's efforts to follow-up on graduates who have gone to medical schools other than Howard and to get other medical schools to accept Howard University graduates. During the 1960's predominantly white medical schools became more favorably disposed toward accepting black students, but because the new procedure was not as selective as it should have been, there was a low retention rate for black students. This factor coupled with other current factors are now operating to lessen opportunities for minorities to attend predominantly white schools, according to Dr. Lee. Hence, several avenues are pursued to increase these opportunities -- visits to majority schools to ascertain the possibility of more opportunities for black students; revision of the MCAT to lessen culture bias in the tests and to emphasize the parts of the test more relevant to the medical profession; and efforts to raise the hopes, aspirations and qualifications of black students. Currently the overall average of Howard students on the MCAT is about 420 for all parts of the test.

Integration of medical program and curriculum with other parts of Howard University

As indicated above, the College of Medicine works very closely with the School of Liberal Arts to insure an adequate and exemplary supply of students equipped to enter medical school. The more formal integration of the two schools is exemplified in the B.S. - M.D. Combined Education Program. This program is an abbreviated curriculum spanning the premedical and medical programs, and is designed to allow students to complete the requirements for both the B.S. and M.D. Degrees in six or seven years instead of the traditional eight years.

Each year the College of Medicine admits a limited number (approximately 20) of Liberal Arts students along with the traditionally selected students. The L.A. student applicant must be a junior or a sophomore and must have completed the program for that year by the summer of admission into the August class of the medical school.

Application for the program may be made either through the American Medical College Application Service or the Office of Pre-professional Education at Howard. Admission is determined on the basis of overall performance in the College of Liberal Arts, a personal interview, the MCAT score, and the student's application. Applicants are screened by the College of Medicine's Committee on Admissions. All pre-professional students interested in this program are encouraged to become members of the Premedical-Predental Society. A 2.8 grade point average must be maintained in the freshman year, and all students admitted to the College of Medicine must have a 3.0 grade point average after the completion of sophomore year in the College of Liberal Arts.

During the 1975-76 school year, 474 students were enrolled at Howard University College of Medicine. The distribution by class, by sex is as follows:

Sex	All Classes	Freshmen	Sophomores	Juniors	Seniors
Total	474	134	123	90	127
Male	328	90	82	57	99
Female	146	44	41	33	28
Percent distribution					
Total	100.0	100.0	100.0	100.0	100.0
Male	69.2	67.2	66.7	63.3	78.0
Female	30.8	32.8	33.3	36.7	22.0

The student body is diverse in that there is a mixture of black, white and Oriental Americans, and white and nonwhite foreign students. Although the majority of enrollment is black American, approximately 13 percent of the entering class were from foreign countries and

10 percent were non-black. Also, 80 percent of this class had done their previous studies at some school other than Howard University, and three-fifths came from a wide distribution of geographical areas, including 87 colleges and universities in the United States.

Even though the student body has traditionally been predominantly black, the College has always been open to men and women of all races, religions, and nationalities. Despite the fact that other medical schools in the Nation now have a policy which no longer excludes attendance by blacks, Howard has graduated more white doctors than the sum of all black doctors who have graduated from predominantly white medical colleges combined. Hence, Howard continues to produce a majority of those physicians who are most likely to be involved in the health needs of black communities while simultaneously contributing to the total pool of the Nation's physicians.

Most professional schools in the Nation receive far more applicants than they have places, and Howard's College of Medicine is no exception. For the August 1975 entering class, a total of 4,657 applications of which 1,079 were from females, were received for the 128 available places.

A similar situation existed the year before when 4,283 applications were received. The percent of applicants by ethnicity and citizenship was as follows: minority, 38.0 percent; foreign 3.8 percent; Caucasian 60.8 percent; and black Americans, 30.3 percent.

Premedical students generally apply to a minimum of 10 medical schools so it should be noted that only 15 students who had initially accepted places for the 1974 class declined at a later date.

The selection of students from so large a pool of applicants is managed through the services of the American Medical College Application Service (AMCAS). Of the 115 medical schools in the U.S., approximately 87 utilize this service.

There are two ways to apply to the College of Medicine: directly to the school or through AMCAS. The purpose of using the AMCAS is to decrease the amount of paper work for the student (who can apply to many school by completing one application) and to provide standardized services to the school. The AMCAS also waives the application fee for economically disadvantaged students applying up to 10 schools. The Service verifies the applicant's apptitude scores and grades, and forwards the application to the schools chosen by the applicants. Howard receives its applications from AMCAS in batches of 50 to 150.

At the school, the Admissions Officer reviews the folders and makes recommendations to the Dean of Student Affairs. Prospective students who pass the initial screening are notified by the Dean's Office and

are interviewed either by two of the 24 members of the Admissions' Committee or by members of the 15 member Applicant Interview Committee using a standardized Admissions Rating Sheet.

Interviewed applicants are rated in five categories: Accept I (outstanding academic and personal credentials); Accept II (acceptable academic and personal credentials which would probably be acceptable to approximately 50 percent of the Nation's medical schools); Accept III (borderline credentials acceptable to perhaps 10 percent or less of the Nation's medical schools, these persons serve as second alternates); Hold (applications are held for future consideration); and Rejection.

The interviewers sometimes go out of the city to interview candidates who are financially unable to come to Washington. After all of the data have been received on an applicant, the admissions committee, which is composed of basic scientists, clinicians, older and younger faculty, students and alumni, votes on who will be admitted.

Accepted students are notified and have one month to express their intention to matriculate at the school by forwarding $160 -- $60 of which is for the enrollment fee and $100 for a good faith deposit. The students are then sent information regarding financial aids and health forms and notified of the dates for freshman orientation -- generally held in August and lasting about one week.

Through a special projects grant from the U.S. Department of Health, Education, and Welfare, a full-time recruitment officer was appointed in 1973-74 to coordinate many of the recruiting activities and to provide more effective communication with premedical students and their pre-professional advisors.

In an effort to obtain the best possible information about the Nation's premedical student population, 30 faculty members and 36 students visited the campuses of 81 undergraduate schools in 24 States in the Spring of 1974. Such efforts also served to increase consideration of attending Howard's College of Medicine by premedical students in these schools.

It should be noted that each school of medicine has its own cut-off score for acceptable ratings on the MCAT (Medical College Admission Test). Because Howard takes into consideration the prior educational disadvantagement of many of the students who would ordinarily apply there, and because of the high correlation between the MCAT science score and success in medical school, highest consideration is given to the science portion of the MCAT than to scores on mathematics, verbal ability, and general information. School officials have noted that other parts of the test, especially the verbal and general information parts, do not correlate highly with success in medical school. In fact a new more comprehensive national test is being devised which has been designed to eliminate culture bias. It will be used for the first time in the Spring of 1977.

The class admitted in August 1975 represented a continuation in the improved quality of entering classes as represented by grade point average, Medical College Admission Test scores, and performances during the freshman year. The average MCAT science scores for the entering class have steadily improved in recent years:

YEAR	Average Science MCAT scores for entering class
1971	473
1972	506
1973	530
1974	541
1975	560

The success of efforts to improve academic performance and to insure licensure board success of Howard medical students is reflected in the academic improvement of the students who go on to the clinical years and who are graduated. Of the 109 students who took Part II of the National Board Examination in September 1974 and April 1975, 96 passed. This represented a decided improvement over the students' previous performance in past years. This improvement is enhanced by the fact that the NBE is more rigorous and has replaced the State licensure examinations. Also, 70 percent of all Howard's students participating in the National Intern and Residency Matching Program in 1975 received their first or second choice of graduate medical education position.

Students in need of academic reinforcement come to the College prior to the beginning of the regular term. A course, lasting for about 8 weeks for approximately 20 students, is held between June and August. This program permits a selected group of students to increase their reading proficiency study skills and proficiency in basic science areas through a summer directed experience which is free and provides a stipend while in attendance. Funds for the course have been provided through a government grant which is currently up for renewal.

Because of the large number of applications from females, no special effort is made to recruit females. Of the 4,657 applicants for 1975 entering class, 1,079, or 23.2 percent were from females. For the 1974-75 school year 136, or 28.4 percent of the 479 students were female.

Although many medical schools have been known to practice discrimination based on sex, ethnicity, or religion, the Howard University College of Medicine has always admitted non-minorities, women, and a significant proportion of persons who are not U.S. citizens. Even though the college states in its recruitment literature that it "continues to emphasize the need to accept larger numbers of qualified black applicants," it continues to wage a vigorous recruitment program to attract the highest qualified applicants.

STUDENT RETENTION

Howard University's Medical College students enjoy a very high retention rate. The retention rate can be attributed to several factors, not only those means employed by the Medical School to attract and maintain its student body, but, perhaps, because of the serious shortage of available student openings over the Nation in the area of the medical professions.

During the 1973-74 academic year, the Howard University Medical School had 485 students enrolled. Of the 130 freshmen students, three were repeating from a previous academic year. At the end of the 1973-74 academic year, the Medical School required 10 (two of whom were eventually dropped) of those 130 freshmen students to repeat the freshmen year. Nine of the 130 freshmen were dropped for academic reasons and one transferred to the University of Cincinnati. A total of 20 freshmen students were involved.

During the same academic year, 1973-74, there were 134 sophomore students; three of those were repeating; five were required to repeat the freshmen year (four of those are still in school); five were dropped for academic reasons. Of the 102 junior students, none was lost. Of the 119 senior students, only one was discontinued, because of medical reasons.

Recommendation : That the College of Medicine make some effort to retain a higher proportion of the female medical student, since the retention rate for females is considerably lower than that for males.

STUDENT FINANCIAL AID

In general, there appears to be a good understanding of financial aid programs, and their policies and procedures. The information provided to applicants for and recipients of financial aid, including a pamphlet, "A Guide to Financial Aid," appears to cover financial aid requirements and programs well, and presumably enhances student understanding.

As the financial aid program is now structured, the College of Medicine determines student eligibility for financial assistance, establishes the award package, and initiates disbursement of funds and fiscal record-keeping through communication with the central University financial aid office and fiscal offices. The University financial aid office serves as overseer of the awarding process, and provides additional services, such as applying for and reporting on Federal Health Professions financial aid. It is recommended that emphasis be placed on strengthening the lines of communication among all offices involved in the financial aid process to make certain that each office has available the information necessary for carrying out its particular functions.

The major difficulty of the financial aid program is the lack of available funding to meet the eligible needs of the student body. This is largely beyond the control of the institution, in that the greater part of the funding comes from external sources, including the Federal Health Professions programs. It is recommended, however, that the institution continue to exert every effort to develop and expand sources of financial assistance to attempt to provide access to medical education to those students admitted with insufficient resources to meet the costs. The institution might consider increased usage of the College Work-Study program in the College of Medicine depending on the availability of funding for the University as a whole, and on the time available to medical students for employment.

In the absence of sufficient funding, the College of Medicine has been meeting a percentage of the individual student's need, rather than the full established need (65% of need was cited as typical for the 1974-75 academic year). It is recommended that the institution attempt to provide, through institutional and outside sources, the full amount needed by the individual student to cover the deficit between the necessary costs of attendance and the resources available to the student. Priority might be given to meeting the full needs of the neediest students, assuming that the families of the less needy students might be more able to provide additional support, beyond the normal expectation.

An examination might be made also of the mechanism through which students have managed to remain in attendance without full funding of their needs, to make certain that the student costs used in determining need are realistic, and that available student resources have been fully reported by aid applicants.

THE MEDICAL/DENTAL LIBRARY

The Medical/Dental Library is the largest of the Howard University Libraries in magnitude of subject collections. It is exceeded in total volumes held only by the Founders Library, the core library of the University.

In 1970, the Liaison Committee on Medical Education found "Space for the Library is patently inadequate". The present physical setting for the Medical/Dental Library is a remodeled auditorium considered inadequate and unsuitable for present services and unworkable for future needs by academic officials and library staff. The Library can seat only 150 readers. The user population is estimated to be in excess of 2500 readers.

The trainee population relating directly to the library is 1498 persons or 1244 full time equivalents.

There is at Howard as at other Washington Universities a pattern of off-campus Library use. In 1971, the general survey student sample (there was no specific fraction for Health Sciences students) utilized the D.C. Public Library collection heavily. Fifty percent used the D.C. Public Library instead of or as a supplement to the Howard University Library. While the D.C. Public Library offers a good general collection, it cannot offer the specificity of subject matter required in preparation for the Health Sciences. The National Library of Medicine did appear as one of the agencies utilized by Howard students. One presumes that it is visited by Health Sciences trainees for its collection. Its location, however, must inhibit any role of substituting for the Howard University Medical/Dental Library. That Library then can be presumed to have a learner's constituency whose academic requirement and whose dependence upon only the Medical/Dental Library forces an intense degree of need for library services.

The volume collection of the Medical/Dental Library is reported to be 92,000 volumes. The collection's effectiveness to the Health Services Community is severely limited by space constraints. The Library has been forced to seek University and commercial storage out-of-collection. While the reported count is 92,000 volumes it has been reduced in effectiveness - one out of every three volumes has been placed in storage and is only available on special request.

The Medical/Dental Library houses various media as well as books and journals. But for a medical library these media are not large. The Librarian reported in 1974, 425 slides, 84 microfiche, 364 microfilm reels and 72 phonodiscs cataloged. The inclusion of microcopy is a rational response to space needs. Space needs probably explain the

acquisition of microfilm and fiche; also the scarcity of space probably explains the limited amount of visual media in the collection available to a profession that depends so heavily upon observation for its perceptions.

The library community is subsumed under the concept of learning center. Evidently no organizational pattern for the center has been created. This lack of description of relationships of the library community to the academic community seems meaningful. For example, the librarian's name does not appear on the list of Faculty on University - Wide Committees and Councils.

In fact the library is not a part of the Howard University College of Medicine but appears alternately in two charts as subordinate to the Vice President for Academic Affairs or as subordinate to the University Libraries which reports to the Vice President of Academic Affairs. The College of Medicine hierarchical path takes a different turn arriving at the Vice Presidential level in the Office of Vice President for Health Affairs. What the relationship of the Learning Center for Health Affairs to the University administration and policy planners has not been set forth. The ordinate position of the pharmacy library and nursing library are not charted in these materials.

The relationship of the Medical/Dental Library to its constituency is now ambiguous and its future relationship as a major element in the proposed learning center is not decided - or made plain in print.

This free-floating status seems reflected in the library's leadership place within the academic community. At the initial meeting of the Office of Education visiting team at Howard, no library representative was represented. Perhaps the most important decision taken on medical library service, the submission of a request to Federal assistance to construct a learning center, was taken and preliminary sketches devised without substantive library input. That the librarian of the Medical/Dental Library recommended that the Medical/Dental Library Committee be reactivated for 1975 emphasizes our conviction that the library is playing out an isolated role.

That the Library has played out such a role has not been without victories. The Library staff has conducted a stubborn defense against rising costs and shrinking space. One who observes the staff and the librarian cannot leave without the impression of a continuing resolve to cope and to provide the best library service available to the Health Services Community. Indicative of this resolve is the high degree of professional capacity acquired by the librarians.

The future of library services at Howard is the central concern of this summary. The Health Services Community at Howard is a major component of the University academic community. Within the Health Services community there are other important communities whose behavior determines

library service programs. Yet even to the occasional observer the past and present library community status has been one of suboptimization. The library copes; it achieves a high degree of professionalization but it seems to lack strong reflexive communal ties. Its organizational lines are outside the academic array of the College of Medicine. The Medical/Dental Library committee is reported as dormant.

Two recommendations are made to the Dean of the College of Medicine:

(1) That a University Health Services Advisory Library Council be established which includes the University Librarian.

(2) That the Advisory Council be assisted by consultants who will participate in the organizational task of situating the Medical/Dental Library in the Howard University Health Services community and will describe that situation by specifically outlining the spatial contours of the proposed learning center.

LABORATORIES, RESEARCH FACILITIES, AND ANIMAL SUPPORT FACILITIES

The facilities inspected are over twenty years old so that modern laboratory functions are being performed under obsolescent plant conditions which are not commensurate with modern laboratory procedures. It is obvious that any renovations necessary to comply with future requirements would be extensive and costly.

Generally, with a few exceptions, maintenance and housekeeping were very good. There were some complaints of malfunctioning HVAC equipment and lack of proper ventilation, noticeable particularly during the summer months. This may have been due to improper filter maintenance, or again, antiquated equipment. There is considerable amount of clutter in the research laboratories due, undoubtedly, to space limitations. Relevant to this it is strongly suggested that adequate arrangements be made for proper storage of solvents and volatile liquids in compliance with the NFPA Code No. 56.

Some of the equipment such as fume hoods and exhaust systems are jury rigged and make-shift. One room, designated "clean room" was not that in fact. This room had duct work, electrical controls and conduit installed within the area all with surfaces and crevices difficult to clean and maintain. The mortar joints of the structural glazed tile are wide, porous and absorbant and subject to contamination.

One submission of schematic drawings for the proposed new laboratory facility to be built on W Street just to the north of the existing medical school was reviewed. Though it is understood that these drawings had been superceded by more recent revisions, the revised drawings were not available for review and, therefore, this review may not be pertinent.

Since it was noted that there was a considerable amount of area on each floor devoted to mechanical space, it would seem that with space at such a premium that these mechanical spaces could somehow to be consolidated so that these areas could be used for laboratories and related functions. It is suggested that interstitial space be examined for this purpose.

If the teaching laboratories are to be divided into classes by movable partitions, care must be taken to comply with fire safety regulations on resulting corridor widths between the movable partitions.

It was noted on the drawings reviewed that compliance with barrier-free design had not been fully observed. Again, this may have been corrected on subsequent submissions.

CONTINUING EDUCATION

Continuing education at the College of Medicine is carried on by several organizational units. The programs are related but, because client groups sometimes differ, need to be dealt with individually.

Office of Continuing Medical Education

The primary objective of programs offered by the Office is the continuing education of practicing physicians. Social workers, health professionals, etc., sometimes attend but they are not sought out. Neither is community education a priority. Dr. William E. Matory, Chairman of the Department of Family Practice is also the Director of the OCME. He describes the program as an attempt to reach three separate groups of physicians: Howard University Hospital staff doctors, specialists in various areas of medicine who have privileges at the hospital, and community based physicians. This third group represents the biggest challenge. Most have had only peripheral contact with medical education since graduation from medical school. Too often their only continuing exposure to changes and advances in medicine comes from contact with representatives of pharmaceutical companies.

The programs offered follow standard forms of continuing education. Most are symposia, running from one to five days. Courses and workshops which meet intermittently during the academic year are also offered. One innovative effort was the establishment of "mini-residencies." This is seen as an opportunity for licensed physicians to re-enter the hospital and take part in an educational program similar, but more limited, to that required of full time residents. The physician is able to structure the program to meet his particular needs and interests. In addition, educational activities offered to graduate students, including clinical conferences, lecture series, departmental rounds, grand rounds, seminars and scientific conferences are open to practicing physicians on a space available basis.

The Continuing Medical Education program is well established, serving over 1,000 doctors during the last two years, and has gained four-year accreditation from the American Medical Association. There are a number of problems that must be remedied, however, if the program is to meet expanding needs. The absence of organized input in program planning from a wide range of practitioners is a serious deficiency. An attempt to establish a system of coordinators representing each department of the Medical College did not succeed. A questionnaire distributed to over 200 doctors elicited such a poor response that it provided no useful information for program development purposes. On the opposite end of the spectrum is the lack of evaluation of the activities that have been offered. There has been no systematic assessment of what causes program success or failure.

There are forces at work that will remedy the lack of information for program development. Physicians, under the pressure of Federal legislation and, in part, as a result of increasing malpractice litigation, have instituted self-auditing systems. One result will be to create a potential for providing information on those areas of medicine where increased or updated expertise is necessary. A related development is a requirement, adopted by a number of States, that physicians acquire a certain number of continuing education credits before they can be recertified to practice medicine. While such a requirement has not yet been established in the District of Columbia, physicians are being strongly encouraged to participate in continuing education programs.

If the Continuing Medical Education Program is to take advantage of an expanded data base, and if it is to meet the expected increased demand for its services, then it needs increased support from the University and/or the hospital. At present support is fragmented. The Director of the Program is also the Chairman of the Department of Family Practice. Secretarial services, supplies, and expenses come out of the University's budget. The Administrator, who is essentially a coordinator of CME programs, is paid out of the hospital budget. Participants fees support the actual continuing education offerings. Contributions from drug companies have paid for furnishing the CME office and printing the schedule of courses and conferences. The biggest single need is a full-time experienced continuing educator who could assess educational needs and develop, administer, and evaluate programs. If program activity is significantly increased, full-time clerical support should also be provided.

Department of Community Health Practice

Educational activities sponsored by the Department of Community Health Practice are directed toward community residents rather than doctors. The Department is ahead of the Continuing Medical Education Program in terms of resources, program development policy and program evaluation. Program planning is done at an annual meeting attended by departmental staff, health professionals, social workers, and other professional personnel from the Federal and city governments and the community. As a result of this planning session community health education was given a priority in 1974.

Four educators, two full-time and two half-time, are engaged in adminstering a wide range of educational services to citizens of all ages. The Department is making an interesting attempt to reach adults through their children. Students at four elementary schools in Southeast Washington are being informed on such topics as hypertension, lead-poisoning, body systems and nutrition. Medical students and Departmental staff also visit high school assemblies to provide health information. Adults are being reached directly through programs administered at three neighborhood health centers and the Howard Family Planning Clinics.

The Department also produces television film on various health topics for showing at neighborhood health centers and out-patient clinics. Spot radio announcements have also been utilized. Finally, the Department has provided materials for exhibits at a number of conferences and meetings.

One of the most important programs in operation is a hypertension education program for adults. Working through the neighborhood health centers the Department is running a structured program to inform people suffering from hypertension of its causes and remedies. Evaluation of the program is being based primarily on a system of pre and post testing of participants.

The academic year 1974-75 was the first year that community education was given a priority by the Department. An estimated 25% of available funds were used for educational purposes. Between 5,000-10,000 people were reached. The acting chairman of the Department feels that community education should continue as a priority. Activities currently involve only low income participants. The acting chairman sees an eventual broadening of the programs, budgetary considerations permitting, to include middle class participants as well.

Others

A variety of community education programs have been carried on by other organizational units within the College of Medicine. The Center for Family Planning provides educational materials and a wide range of counseling services to patients. The staff also assists in presentations made to public school students, members of civic organizations and community residents. The Center for Cancer Research has prepared programs on breast cancer detection and is establishing a cancer information center for the D.C. area. Staff of the Center for Sickle Cell Disease frequently speak to community groups as well as utilizing the media in order to increase community awareness. The Center also develops and distributes informational material. The Department of Psychiatry is conducting training programs under a Community Alcoholism Studies Program.

Conclusions

The wide variety of community projects sponsored by the College of Medicine provides impressive evidence of Howard's concern for its community. Because of the range of efforts, and because of limited funding resources, the College might find it useful to investigate the feasibility of establishing a unit that would be responsible for overall coordination and planning of the College's community service and continuing education activities.

Health professionals, although included in many of the program activities, are not generally the primary target group. A study is presently underway on the possibility of establishing a school of public health. Until such a school becomes a reality, more concentrated efforts to reach this particular client group should be considered.

THE ALUMNI

Since its first graduating class in the year 1871, Howard University's College of Medicine has graduated close to six thousand doctors. The five graduates of the first graduating class in 1871 immediately organized the Howard University Medical Alumni Association. Today the Alumni Association has more than 3,000 members. Throughout the years the objectives stated in the original Association charter are still shared -- "the perpetuation of friendship in our alma mater, to keep alive the interest we have in her welfare and to collect and record all things of interest to her history."

The Howard University Medical Alumni Association

Each year all members of the graduating class are immediately inducted into the Medical Alumni Association. After the initial year, members are expected to contribute $25.00 per year to support the activities of the Association. The Association has an executive committee made up of four officers plus nine other alumni. The Executive Director of the Alumni Association also sits with the executive committee. The Association is supported entirely by the dues of the alumni and other gifts to the Association. The only cost to the University is the space provided for the offices of the Alumni Association. At present the executive director's staff consist of himself, one assistant, and one secretary. The major functions performed by the Alumni Association are as follows:

1. Each Spring during commencement week there is an annual reunion dinner with selected graduating classes being invited.

2. Sponsor parties for entering freshmen;

3. Publish periodically a newsletter to alumni entitled Medic Annals; and

4. Conduct fund raising activities such as the building fund drive which has just been completed for an addition to the academic building for the College of Medicine and, a continuing fund campaign for student loans and student scholarships. In 1974-75, the alumni provided $74,645 to support the loan fund, $6,661 in support of the scholarship fund and $115,000 in support of the building fund.

The Association maintains very simple yet very adequate information on each alumnus in a cardex system.

Alumni Records

The Alumni Association Office maintains records on each alumnus of the College. A simple cardex file system enables the Association to report the field of specialization, the certification, the place and times of internship and residency, additional graduate training, the latest practicing address, and the donation record of each graduate. This follow-up system enables the Association upon request by a department, for instance, to identify the specialists in a given field of medicine, or for that matter specialists in a given field by geographic area, to be identified. This is an extremely important function and one which the College's departments continually use.

Communication

One of the most important functions of an alumni office is to insure that alumni are continually made aware of what it is that their association and their university is doing. The principal vehicle for this communication at the College of Medicine is through the Medic Annals published by the Alumni Association. Also the Office of Public Information publishes a monthly newsletter entitled "The College of Medicine News" which is available to faculty, staff, students and friends of the college including alumni. These two publications provide an excellent means of keeping alumni well informed of what is happening at the College of Medicine. In addition the annual reunion dinner is a means for communicating with the alumni. It is clear that the College of Medicine recognizes the importance of an effective communication system with alumni and one can only assume that improved communications will continue to be an important mission of the Association.

Continuing Education

The College of Medicine recognizes the importance of providing their graduates with opportunities for continuing their education in medicine. Physicians who remain in the metropolitan Washington area can participate more readily for obvious reasons than those graduates who have moved to other communities. The College of Medicine calendar for the 1975-76 academic year indicates a number of continuing medical education sessions in either intensive review courses, special lectures or short seminars are available for interested alumni as well as for college faculty and students.

Despite a lack of formal structure for a continuing education for alumni, it seems important that the College through its Alumni Association should continue to promote and encourage the participation of alumni in the enrichment programs sponsored by the College or individual departments with the College. This is is an extremely important role for the College in keeping doctors up-to-date on the latest developments in medicine.

Alumni and Student/Faculty Relations

The interest of the alumni in their alma mater can effectively be expressed through their willingness to participate in the ongoing educational program of the college. Working directly with students through tutorial programs and working with faculty on efforts to improve the curriculum are means by which valuable alumni input can be made to the life of the college. Insofar as working with students directly, one of the areas that has been found to be highly successful is the tutorial program. One of the difficulties of the College of Medicine is scheduling the doctors in the local areas who have extremely busy schedules and who sometimes find it difficult to arrange to have students, who also have busy schedules, to work together effectively. Greater attention must be paid to this type of activity by the College of Medicine to work out some of the logistic problems associated with such a program.

Alumni are encouraged to participate in the life of the College in other ways. Such ways include membership on the advisory committees, boards of trustees, etc. One area that could be developed more fully is to get greater alumni participation on committees at the department level. By helping to continually examine the curriculum to keep it up-to-date, the alumni could contribute to the improvement of the College in a very logical and positive way.

Visibility

Alumni of the College of Medicine are located all over the world. At the present time, the Alumni Association has local chapters in five cities other than the District of Columbia. They include: Philadelphia, New York, Chicago, Cleveland and San Francisco. These chapters help to enchance the medical communities of these five cities as well as increase the visibility of the Howard University College of Medicine. It is through local or regional chapters that the strong alumni commitment can be obtained and improved recognition in that community can be developed. It is recommended that the alumni office identify substantial numbers of its alumni located in other geographic areas and that they encourage the organization of additional local alumni associations and chapters by setting a goal for the establishment of perhaps one additional chapter per year to form a strengthened network of regional alumni associations.

Prospective Students

Another major function of interested alumni is to be continually on the alert for qualified students to attend their college or university. Likewise in the case of the College of Medicine, it is important to emphasize this role that alumni may play in attracting highly qualified individuals to the Howard program.

At the present time there is really no formal initiative that has been taken in this regard. Alumni can and should be involved in the recruiting process.

Fund Raising

It appears that the College of Medicine Alumni are accustomed to supporting their College financially. Various fund raising efforts are conducted by the association for scholarships, loans, and recently to support the building program for the new academic facility. Another area where alumni support could be extremely valuable is in connection with the College's fund raising efforts for both research and other institutional support from private industry, foundations and the like. At institutions where the alumni are fully aware of the total developmental needs of an institution they are invaluable contacts in identifying and securing such other support. Although the College appropriately recognizes the major individual alumni donors, it seems important also to recognize those individuals who have added or assisted in obtaining funds from the outside. Some form of recognition ought to be developed for this type of very valuable alumni support.

Loyalty

Over and above the pride and dedication which alumni share for the College of Medicine is the important role that medical alumni can play in strengthening the reputation of the entire Howard University mission. Working with the general alumni association, medical doctors, as leading members of their respective community, can and should play a very vital role in promoting Howard University as one of the great universities in the country. The Board of Trustees of the University usually has a medical alumnus on its membership. There is an alumni federation, (the various alumni associations of Howard University) in which the College of Medicine Alumni Association is an active participant. But additionally, there is much to be done to further develop the support of medical alumni on behalf of the entire University.

Summary Recommendations

The College of Medicine Alumni Association must continue to strive for greater participation and commitment of individual alumni - commitment of financial assistance and commitment of time devoted to improving the medical education programs of the institution. Likewise, through the Medical Alumni Association, increased effort must be devoted to keeping medical alumni informed of what is happening on "their" campus and ways in which they can contribute to the growth and development of the College of Medicine. Whatever constitutes improving the service relationship of the College to alumni or the alumni to the College, is deserving of continued evaluation so that 100 percent of the medical alumni are both contributing to and receiving benefits from the College. In turn this will create and assure a greater sense of loyalty and dedication to the College of Medicine, the University as a whole, and to all of its students.

MEDICAL CONSULTANTS' INSPECTION

A. INTRODUCTION

This report is presented by the Division of Medicine of the Bureau of Health Manpower in response to a request from the Office of Education to visit and evaluate the Howard University College of Medicine.

On December 13, 1928, the Congress enacted a law (45 Statue 10-21) which provided for Federal support to Howard University. As a part of this Act, there was the requirement that the Office of Education survey the University annually and report its findings to the Congress.

This year the decision was made to survey the College of Medicine and the Office of Education requested assistance from the Bureau of Health Manpower. However, Dr. Preston Valien of the Office of Education, in charging the survey team, stated that staff of the Office of Education would conduct portions of the survey, including an engineering review of the physical facilities, an evaluation of student aid, a survey of the distribution of graduates, a characterization of the faculty, and an evaluation of the student body. Consequently, the survey team limited its investigations to the programmatic aspects which affect the quality of the educational process and the ultimate contribution of the school to the production of medical manpower, medical care, and biomedical knowledge.

Although the College of Medicine cannot be isolated totally from the entire University, the evaluation of general University environment and organizational aspects is limited to those elements pertinent to the charge to evaluate the College of Medicine itself.

I. HISTORICAL NOTE

Howard University shares with two other institutions in the country a unique relationship to the Federal Government. The other institutions are:

1. The National Technical Institute for the Deaf, Rochester Institute of Technology,

2. Gallaudet Secondary School and College for the Deaf.

All three of these institutions are private but there is a statutory basis for direct Federal support to their operations.

Howard University was granted a charter by the 39th Congress in 1867. The College of Medicine was chartered one year later in 1868 and its original building was constructed in 1869. Throughout the years, there has been a relationship to a major teaching hospital which was, until recently, a Federal

hospital. The Freedmen's Hospital actually antedated the creation of Howard University and the College of Medicine. In 1963, this hospital was created and functioned as an instrumentality of the Department of Health, Education, and Welfare until 1967 when it was turned over to Howard University. Throughout this time, the hospital has been the major teaching resource for the College of Medicine. When the hospital was transferred to Howard University in 1967, the Federal Government required that its accounts be kept separate from those of Howard University.

Prior to 1928, there had been some Federal support to Howard University but it was in that year that the statutory basis for direct Federal support to Howard University was enacted.

Prior to the Flexner Report, there were 8 black medical schools. Only Howard University, College of Medicine and Meharry College of Medicine have survived. The remainder were forced to close since they lacked the financial resources to meet the requirements for accreditation. In more recent years, all of the medical schools in the country have increased the opportunity for black students and 1,106 black students were admitted to medical schools for the 1974-75 academic year. This has given Howard and Meharry an opportunity to expand their original mission and broaden the racial-ethnic background of their student body.

Recently, Howard University has reexamined its own mission in other areas of the University and has expressed the opinion that it should strengthen its offerings in graduate endeavors in order to produce greater numbers of black academic leaders in the various disciplines and professions. Thus, this survey comes at a critical time as the College of Medicine reexamines its mission and endeavors to identify the way in which it can contribute maximally to the ultimate objective of providing equal education and services to the black citizens of this country.

II. PREVIOUS SURVEYS

The last survey of the Howard University College of Medicine by the Office of Education was conducted in 1964. At that time, the major issues identified were related to:

1. The need for certain organizational clarifications and improvements,

2. The necessity of completing a new hospital which had been planned,

3. The importance of developing a clinical practice plan, and

4. The need for increased resources to allow the institution to develop a more balanced program including a greater emphasis on academic excellence.

Significantly, the major emphasis in the report was that the institution compared unfavorably with the average medical school in the country in terms of resources available to allow the faculty to exercise scholarly activities.

This present report will document that the institution has responded to recommendations which could be fulfilled by internal action with the exception of the development of a practice plan. Although support to the institution has been augmented, questions remain as to the adequacy of support to finance a truly scholarly environment.

In 1970, the Howard University College of Medicine was surveyed by the Liaison Committee on Medical Education. The school was kind enough to make this confidential report available to the survey team and it is of interest that the recommendations of that accrediting body did not differ substantially from the findings and recommendations contained in the 1964 Office of Education Survey. The Liaison Committee on Medical Education granted accreditation to the institution but it also identified a number of areas which needed attention and improvements; many of these related to the question of adequacy of resources.

III. PRESENT SURVEY

The members of the survey team had been provided with a great deal of information in advance by the Bureau of Health Manpower and by Howard University itself. On Sunday evening, June 1, 1975, the members of the team met with Dr. William E. Bennett (Chief, Institutional Resources Branch, Division of Medicine) who reviewed the objectives of the survey. The group was then joined by Dr. Preston Valien and Dr. Lou Venuto from the Office of Education who further explained the responsibilities of the Office of Education and what that office desired of the survey team.

The survey team began its visit on Monday, June 2, and spent the morning with Dean Marion Mann and members of his staff discussing general aspects of the institution. For the afternoon session, the survey group divided into two teams and visited each of the basic science and clinical departments as well as the animal care section and two research centers.

On Tuesday, June 3, the team met with representatives of the student body and in the afternoon met with members of the hospital administration and representative members of the intern and resident staff.

On Wednesday, June 4, the survey team met with Dr. Carlton Alexis, Vice President for Health Affairs, and following lunch with junior members of the faculty, with President James E. Cheek.

The detailed schedule for the visit is in the Appendix to this report. The team would like to express deep appreciation to all of those concerned with preparation for the visit. All members of the administration and faculty were completely candid and answered fully and completely all questions which were asked of them and made all materials available which were requested.

B. ORGANIZATION

I. GENERAL UNIVERSITY ORGANIZATION

Under the Board of Trustees, the 18 schools and colleges of Howard University - enrolling approximately 10,000 students - are governed by an administrative structure which has a president as the chief executive officer. Six vice presidents report to him. These are:

1. Vice President for Academic Affairs
2. Vice President for Health Affairs
3. Vice President for Student Affairs
4. Vice President for Business and Fiscal Affairs - Treasurer
5. Vice President for Administration and Secretary of the University
6. Vice President for Development and University Relations

Throughout the University, governance is placed very heavily into the hands of the faculty with elected faculty committees having a substantial decision-making authority.

Under the authority of the Vice President for Health Affairs are included the following:

1. The College of Medicine
2. The College of Dentistry
3. The College of Pharmacy and Pharmacal Sciences
4. The College of Nursing
5. The Howard University Hospital (formerly Freedmen's Hospital)
6. The University Health Service
7. The College of Allied Health Professions

II. INTERNAL ORGANIZATION, COLLEGE OF MEDICINE

The Dean of the College of Medicine, Dr. Marion Mann, is assisted by several associate and assistant deans as well as by several directors of support activities. The Associate Dean for

Clinical Affairs also occupies the position of Medical Director of the University Hospital. Thus, this individual reports both to the Dean of the College of Medicine and to the Director of the hospital.

An Associate Dean for Academic Affairs is directly responsible to the Dean of the College of Medicine as is also the Associate Dean for Student Affairs and an Assistant Dean for Research.

In keeping with the general University policy of having significant faculty participation in governance, the members of a number of the important committees in the College of Medicine are elected by the faculty. Included among these are: Executive Committee, Faculty Appointments and Promotions Committee, Research Committee, Judiciary Board, Faculty Grievances Committee, Appellate Board and Student Welfare Committee.

The Admissions Committee, Teaching Proficiency Committee, Curriculum and Schedules Committee and several other committees are appointed by the Dean.

All committees report to the Dean and the Dean serves as the chairman of the Executive Committee.

Among the areas deserving of comment and further elaboration are the following:

1. The Basic Science Departments of the College of Medicine provide all of the basic science teaching to the students in all of the schools of the health professions. In addition, they provide teaching to students of the Graduate School, the School of Human Ecology and the School of Business and Public Administration.

2. Although the Dean of the College of Medicine sits on the Executive Committee of the Hospital, the Director of the Hospital who - as noted above - is the Associate Dean for Clinical Affairs reports to the Vice President for Health Affairs and to the Dean of the Medical School. No immediate problems are apparent but it is also evident that the interpersonal relationships among these several individuals are good. However, this organizational relationship could pose some difficulties in the future if other personalities were involved.

3. A major concern is the fiscal support area. The Vice President for Business and Fiscal Affairs considers himself to be directly responsible for all fiscal affairs within the University. This includes the Comptroller of the Hospital who reports directly to him although he serves in a staff capacity to the Director of the Hospital. It is apparent that the Dean

of the College of Medicine is not fully involved in the budgetary decisions of the hospital, although the Vice President for Health Affairs is privy to all such information.

Again, although no immediate difficulties were identified, the ability of the individuals involved to relate to one another on a good interpersonal basis may be the reason for the paucity of problems. It is apparent, however, that the Dean was unaware of some of the significant elements of the fiscal system.

A major problem at the time of the site visit was the fact that the University was in the process of installing a new computerized fiscal system. The system is not yet fully operational; thus, the pressures of lateness and inadequacies of fiscal reporting and feedback were obvious. The treasurer's office, however, is still up to the task and is assisted by competent consultants. Accordingly, there should be a more effective computerized fiscal system available in the very near future.

C. BUDGET AND FINANCE

There are several factors which make it difficult to evaluate the budget of the College of Medicine. First, the basic science departments provide all of the teaching for students in the various health professions and thus these departments appear to be somewhat larger for the medical student mission than they actually are. Second, the Medical College budget does not include a variety of University services, including maintenance and utility costs, library, and other supporting services. Based upon a cost allocation study done in 1972, it is estimated that these have a value of approximately $1.3 million at the current time. Third, some faculty positions are funded through the hospital budget but these have not been itemized and there is no good data to determine whether these individuals provide substantial teaching services. Based upon the aforementioned cost study, there were $800,000 of faculty services rendered to patients which were paid by the Medical School budget. Therefore, it is not possible to determine the exact balance but it would appear that clinical faculty are supported disproportionately from education funds because of the paucity of professional service income and the absence of a faculty practice plan.

I. MEDICAL COLLEGE BUDGET

The tables in Appendix B display the budget for the College of Medicine for the current and two previous fiscal years. These funds are derived from University appropriations made directly by the Federal Government, tuition income, and the allocation of overhead, endowment income, and other sources available to the

University. The income figures for the current year are not yet available. Expenditures from these sources are anticipated to be $7,645,000 for the current year. From sponsored program sources (the third page of the tables) there is an anticipated expenditure of $6,700,000. Of note, is the fact that relatively little of this is in the form of research grants. The largest amount is in capitation support and special project support for a variety of programs related to the teaching mission.

The last available income distribution was derived from the liaison committee report for the 1972-73 fiscal year. This disclosed the following items of income:

1. Tuition and fees - $861,749
2. Endowment income - $156,835
3. Indirect cost recovery - $276,263
4. Federal appropriation - $6,100,070

It is anticipated that the income sources for the current year will be comparable with any substantial increases being in the Federal appropriation column.

II. HOWARD UNIVERSITY HOSPITAL

The new hospital has been available for only several weeks at the time of this review, thus, there is no good projected data available for changes in the hospital financing picture. Undoubtedly there will be increases in costs if for no other reason than the programs now occupy two and one-half times the space formerly occupied in the old Freedmen's Hospital.

For the last year, the hospital had the following experience:

Inpatient admissions - 10,985
Emergency room visits - 59,144
Outpatient visits - 82,129

For the last fiscal year, the average per diem cost in the hospital was $179. The portion of this reflecting the cost of the intern and resident program was approximately 8 to 10 percent with that program having a total cost of $2.5 million.

The emergency room visit cost was $18.24 and the outpatient visit cost was $24.60.

The total budget for the hospital for the preceding year was $29 million. Fifteen million of this was provided by Direct Federal subsidy and the remainder was derived from patient payments.

The mix of patients in the hospital is as follows:

Patient responsible - 18 to 22%
(The bad debt experience for this group of patients is approximately 80%)
Commercial insurance - 21 to 25%
Medicare - 15 to 17%
Medicaid - 26%
District medical assistance - 6 to 7%. Until recently, this program paid only $38 per day. This has now gone to $76 per day but the total amount of money available will probably be insufficient to pay for all of the patients who are admitted throughout the year.

In projecting the new budget, it is anticipated that the expenditures in the hospital will be $5 to $6 million more in the coming year. Part of this is due to an increase in the bed capacity which has risen from 427 to 480 in actual service at the present and an ultimate total capacity of 540.

III. BUDGETARY PROCESS

Because of the unique type of direct Federal support given to Howard University, it is appropriate to discuss the method by which budget development occurs. The Vice President for Business and Fiscal Affairs, Mr. Caspa Harris, explained this development as follows:

> Following the development of departmental budgets the Dean of the College reviews and assembles a projected budget which is presented to the Vice President for Health Affairs who then presents the budget to the treasurer. After assembling the budget requests from the various colleges, the treasurer presents these to the President and there are usually minor changes made in the initial asking. There is then a hearing with the budget office of HEW and following this hearing, HEW sets a top figure and asks the University to resubmit a budget within this figure. The President then consults with the two Vice Presidents and develops a new submission which is reviewed in a formal hearing with the Office of Management and Budget (OMB). Again, the OMB may revise the ceiling and ask for another submission. At this time, the specific line items begin to become firm and the OMB may express approval or disapproval of specific sections.
>
> Following OMB approval, the submission goes to the House and Senate Appropriations Subcommittees and after hearings they are presented to the full Appropriations Committees. The final appropriation bill becomes a part of the HEW-Labor Act and often the final enactment of the legislation

does not occur until after the beginning of the academic year. This makes it difficult for the institution to plan effectively and begin to engage the faculty who may have been approved.

The final document which is used for the quarterly releases of funds to the University does contain specific line items and the University is audited to be sure that the monies have been expended in accordance with the line items. The College of Medicine figure is one of the line items and the University has little discretion in transferring funds once the budget has been submitted and approved.

D. STUDENTS

I. ADMISSIONS

The admissions process is overseen by an Associate Dean. The Dean chairs a 24 member admissions committee. This committee is composed of members from the basic science and clinical faculties, as well as students. The latter enjoy voting rights. There is also an admissions officer, who is responsible for the initial review of applications. A functioning recruitment office was established recently. Recruitment efforts include brochures, visits, etc.

In terms of admissions criteria, strong emphasis is placed on performance on the science portion of the MCAT. It appears that a significant correlation has been demonstrated between performance in this section and success in medical school as measured by performance on National Board Part I. Four thousand two hundred eighty-three applications were received in 1974-75. A partial breakdown is given below:

Female	888	
Male	3,395	
Minority	1,626	
Black	1,297	(860 male, 437 female)

Approximately 225 applicants were accepted in order to get a class of 128 students.

II. STUDENT BODY

The 1974-75 overall composition of the student body is as follows:

1st year	137
2nd year	114
3rd year	113
4th year	115
Total	479

The above come from a variety of backgrounds and racial groups, although the student body is predominately black. In general, students appear satisfied with their interaction with the faculty and administration. The concerns which they voiced were essentially identical to those of medical students around the country.

III. FINANCIAL AID

About 85% of the students are receiving financial aid from all sources. An even larger number applied for assistance. The total assistance need was determined (using GAPSFAS) to be $1,154,579. However, the institution had only $568,244 available for dispersement. A recent AAMC comparison survey indicates that Howard ranks 69th out of 73 reporting schools in the percentage of necessary assistance provided by the school. This disparity emphasizes the pressing need for additional financial aid funds. In the absence of these funds, students have been forced to take part-time jobs at a time when they can ill afford to do so. When compared to all of the nation's medical schools, however, Howard ranked eighth in the average school award per enrollee for the 1974-75 school year.

A breakdown of how financial aid was disbursed in 1974-75 is shown below:

Type of Aid Received	No. of Recipients
1. Loans only	52
2. Scholarships only	97
3. Both scholarships and loans	157
Total	306

IV. ACADEMIC REINFORCEMENT PROGRAM

This program was begun in 1963. It represents an effort on the part of the College of Medicine to improve the quality of intellectual achievement for all medical and dental students. The major facets of this effort are:

1. Tutorial program - utilizes faculty and qualified medical and graduate students.

2. Summer Directed Study Program - for students who have incurred deficiencies in basic science courses during the regular academic year, and provides an opportunity for these deficiencies to be removed prior to the ensuing year.

3. Summer Preliminary Academic Reinforcement Program - for selected incoming freshmen.

4. Intermittent programs - in reading proficiency, study skills, etc.

An overall assessment of the program indicates that it is adequately serving the needs of the student body.

E. PHYSICAL PLANT

The physical plant, which serves Howard University Medical Center, is comprised of three principal facilities; namely, two adjacent pre-clinical buildings and the Howard University Hospital.

Construction of the pre-clinical West Building was completed in 1928. Thirty years later, in 1958, construction of the pre-clinical East Building provided approximately 50 percent more space than its predecessor. The cost of construction had increased some ten-fold in that thirty year span. A commitment to expand the size of entering medical classes from 75 to 100 students spawned the construction of the second pre-clinical building. However, a subsequent expansion of the size of the entering classes, with the necessary faculty additions, has not been attended by concomitant enlargement of physical facilities. Hence severely overcrowded teaching facilities and inadequate research space were anticipated. Since 1971, each entering class has been composed of 128 or more, rather than 100 that was intended for this space.

It is asserted that this "housing expansion-lag" has impacted most notably on the animal care services areas as well as the study areas utilized by the students. According to Betty E. Collette, D.V.M., Supervisor of the Animal Care Services, the animal quarters have been surveyed and approved currently by the American Association for Accreditation of Laboratory and Animal Care. These quarters are capable of housing at this time, 60 large animals and 5,500 small animals. Nonetheless, the current capacity is considered deficient in the kind and amount of space needed immediately. Moreover, the forthcoming Federal "Dog-Care" regulations will reduce their "Dog-Holding" capacity by approximately 50 percent.

Observations - The assertions regarding the current problems and discomfiture, associated with proper use and care for the animals, necessary for a proper teaching and research milieu would seem to be valid. Hence, the recommended expenditure of $400,000 to develop currently available "raw space" and additional funds for development of land, already owned, are supported by the survey team.

The second most notable high-impact area associated with the "housing-expansion-lag" is that related to undergraduate medical student facilities for reading and quiet study. Access of resource materials and proper environmental circumstances in the medical school library also are of concern.

The medical school library is currently housed in the Dental College building. Moreover, the medical-dental library serves as a resource for five schools. It is reported that approximately one-third of the volumes belonging to the medical-dental library are stored in the basement of Founder's Library, on the main campus. The latter statement is indicative of the depletion of space for shelving these volumes. Staff, office, and work space are cramped as the 150 seat library serves, in addition to the Colleges of Medicine and Dentistry, the Colleges of Nursing, Pharmacy and Pharmacal Sciences, and Allied Health Sciences. These schools have a combined enrollment of 1,471 students.

In view of an almost two-fold increase in entering class size without a concomitant increase in housing facilities, with the addition of a College of Allied Health Sciences, the assertion of need for added study, classroom and library space would seem to be valid. The presence of rows of study carrels recently dislocated into the hallways of the new East Pre-clinical Building stands as testimony to "cramped" and crowded conditions. Hence, requests for Federal Grant, Foundation and Alumni Funding to construct a new Learning Resources Center is supported by the survey team.

This new addition of 60,000 square feet is to be constructed at an estimated cost of $5.0 million, and financed with a grant from the Department of Health, Education, and Welfare, a grant from the Seeley G. Mudd Fund, and fund-raising among alumni and faculty members. Anticipated benefits to be derived from the facility include the following:

1. Growth of research programs due to expansion of space designated for research activities.
2. Two new lecture theaters, seating 200 persons each.
3. Adequate faculty office space.
4. Provision of badly needed space for seminars, tutorial sessions and small group discussions.
5. Additional "work-study" seating capacity.
6. Additional space for recent educational techniques such as computer assisted instruction and self-instructional media programs.
7. Adequate student activities facilities.

F. CLINICAL AFFILIATIONS

The clinical facilities for student teaching are, for the most part, centered at the Howard University Hospital (formerly Freedmen's Hospital) and the District of Columbia General Hospital. In addition to these hospitals, the following hospitals in the greater Washington area support, to a greater or lesser degree, the teaching of third and fourth year students and a limited number of house officers on rotation: Walter Reed, Bethesda Naval, Cafritz (renamed Greater South East Community Hospital), the Veterans Administration, St. Elizabeth's, Providence, and, in Virginia, the Norfolk General Hospital. In addition to these, several hospitals, clinics or other health care delivery settings are used on an informal basis by individual departments to provide training experiences for students and, to a lesser degree, house staff.

Also, the school is involved in several overseas service, research consultation or other clinical programs (by specific departmental relationship) in Venezuela, Haiti, Jamaica, Liberia, Nigeria (Lagos and Ibadan), Tanzania and India. These programs are funded through grants or are host country funded.

The Howard University Hospital is a part of the University complex and is a new (occupied in April) 500 bed modern installation with two and one-half times the square footage of the old Freedmen's Hospital. Its senior officer is the hospital director, who relates in a line fashion to the Vice President for Health Affairs and is appointed by the Trustees of the University. The hospital also has a medical director responsible for coordinating clinical and academic affairs, who relates in line fashion to the hospital director for administrative matters and, as Associate Dean for Clinical Affairs, in a line fashion to the Dean of the College of Medicine on academic matters.

The new facility has the usual allocation of beds by department and sub-specialty, including bassinets and 36 intensive care beds of various sorts. Support facilities for teaching, research and service programs include: seven conference library rooms, 19 conference rooms, 14 ward classrooms, 12 house staff offices, 14 student labs, 26 lounges, six cold rooms, 38 laboratories and an auditorium that seats 325. This facility accommodates, in addition to medical students, dental, allied health, nursing and pharmacy students and some non-health science University students.

The Medical School has formal contractual affiliation relationships with D.C. General Hospital, the Walter Reed Hospital and the U.S. Naval Hospital in Bethesda. D. C. General is the major affiliate and educational and patient care activities at this hospital are monitored by an Advisory Committee composed of faculty or administrators from Georgetown and Howard University Schools of Medicine, health consumers, representatives of the local medical society and the District of Columbia, Department of Human Resources. The Dean of the Howard University Medical College is the current chairman of this advisory committee. In this hospital, Howard University has its own services, directed by full-time faculty, supported by the Medical College budget (Medicine, Pediatrics, Obstetrics/Gynecology, Urology and Surgery). In addition, other full-time faculty of Howard University, as well as part-time faculty on these and other services, are involved in the training program and are paid by the Medical School.

The Medical School projects that with the development by the Department of Defense of its own Armed Forces Medical School, the U.S. Naval Hospital and Walter Reed Hospitals may not be available in the future for Howard University affiliation.

The other listed rotations for clinical experience for both students and house staff are not formal affiliations, although they are solid facilities for providing certain types of clinical experiences. These rotations are all for less than six months. These are mainly arranged by individual departments, with approval of the Dean, with appropriate faculty and administrative involvement to assure the quality of the clinical experience, through full-time, part-time or volunteer Howard University faculty and/or faculty from the local institutions.

POSTGRADUATE STAFF

The Health Sciences Center appoints and supports 48 first year and 162 advanced postgraduates, approximately 160 of whom are deployed at the Howard University Hospital. The remainder are deployed in other hospitals in the Howard University orbit. There are more than 160 full-time faculty, plus part-time faculty, appropriately deployed, who are responsible for the clinical exposure and educational experience of the house staff.

The educational experience offered by the Howard University Hospital for training physicians includes straight and rotating (flexible) internships, residencies and fellowships. Most, if not all, programs are developed with a team approach. The team consists of four members in a working unit which includes a faculty member (attending physician) who is directly responsible for the patient, a resident, an intern and a medical student. The team works as a unit on each patient admitted to its service,

and manages patients through the outpatient service. House staff work no more frequently than every third night.

Straight internships are offered in Internal Medicine, Surgery, Obstetrics/Gynecology, Pediatrics, Psychiatry and Family Practice, and residencies are offered in all clinical departments including Radiology, Radiotherapy and Anesthesiology.

Advanced training (fellowships) are offered in Oncology, Infectious Diseases, Nephrology, Cardiovascular Diseases, Obstetrics/Gynecology, Endocrinology, Neonatology and Pediatric Allergy. Postgraduate staff stipends are compatible with the national market.

OBSERVATIONS

1. The training experience offered related to numbers of hospital beds, clinics, emergency rooms, outreach activities, etc. available in the clinical orbit of the Medical School are clearly adequate for the training of house staff and students, even if the two Armed Forces Hospitals affiliations are subsequently dropped. The Medical College has effective control of the quality of its affiliating and rotating relationships through contracts and its own full and part-time faculty deployed in the various settings. Where this does not exist, there is adequate input and involvement by the individual faculty to assure the quality of these non-contractual departmental rotations.

2. In the views of several people, the hospital is already too small to accommodate the patient load, and in some respects already obsolete. In the view of the Review Committee, this is a universal complaint with regard to the development of facilities of this type. The long period between the idea and the reality is such that for a variety of hard and soft reasons, there is invariably an element of disappointment.

3. The house staff and some senior clinical faculty were concerned over the lack of efficiency of the clinical laboratory and the record keeping department of the hospital.

4. Despite what appears to some, including the principals, to be a smoothly working administrative relationship, other persons interviewed feel that the academic influence of the Medical School on the Howard University Hospital is considerably less than optimal, leading to confusion and frustration on the parts of some who are intimately involved with both (Hospital and Medical School). As one person put it, "the academic and administrative influences in the hospital are estranged."

The Review Committee had the feeling that whatever good has come out of the present system may have a lot to do with the particular personalities and skills of those involved in the key positions, and that with another cast of principals operating in the present organizational system, there might erupt problems of real consequence.

G. CURRICULUM

The development and monitoring of the College of Medicine's curriculum is the responsibility of the Committee on Curriculum and Scheduling. This Committee is composed of approximately 30 members and is chaired by the Associate Dean for Academic Affairs. Recognizing the need for change, the Faculty went on a retreat in 1971 to deal primarily with the problems in the curriculum. So-called "learning objectives" were established. These are utilized by each department, with assistance from the Office of Medical Education, in the development of lectures, tests, evaluations, etc. The latter office was established (July 1974) to provide a variety of services through the use of educational science in medical education. These services include: (1) student testing and grading, (2) tutorial programs, (3) faculty development, (4) special and experimental programs, (5) research. The director of the Office of Medical Education reports directly to the Associate Dean for Academic Affairs.

The current curriculum includes four general medical programs:

1. Traditional four year curriculum.

   This consists of four academic periods of 36, 36, 48, and 32 weeks each. The basic sciences include the disciplines of Biochemistry, Anatomy, Physiology, Pathology, Microbiology and Pharmacology. The clinical sciences include both theory and practice through clerkships and conferences. Time is available for elective courses in the form of lectures, research projects, and seminars. Selected students may pursue courses toward an advanced degree in one of the basic sciences.

2. Three year (33 month) curriculum.

   Participation in this program comes about primarily through self-selection. Candidates are reviewed by special subcommittee of the Curriculum Committee. An upper limit of 20 students per year has been set for this program. The graduating classes of 1974 and 1975 contained 7 and 12 students, respectively, from this category.

3. Extended curriculum.

This allows for completion of the medical program in five years. An important component of this curriculum is the Summer Directed Study Program. This service is also available for students in the four year program who have experienced some academic difficulty in the preceding year.

4. The BS/MD Combined Education Program.

This is an abbreviated curriculum spanning the premedical and medical programs, and is designed to allow students to complete the requirements for both the B.S. and M.D. degrees in six or seven years instead of the traditional eight years. This program is a cooperative one with the College of Liberal Arts.

OBSERVATIONS

The basic curriculum is not expected to change in the near future. However, significant modifications in course content and scheduling may occur; e.g., creation of a new course to replace the fragmentation of content as presented in existing courses; reordering the schedule for more efficient use of student and faculty time; and improved pedagogical techniques and faculty development in student evaluation. The newly established Office of Medical Education should prove a valuable asset as the school attempts to improve the teaching and learning process.

Beginning in 1977, students will be required to pass Part I of the National Board Examination prior to promotion into the third year. What effect, if any, this decision will have on the basic science curriculum remains to be seen.

H. DEPARTMENTS

I. Anatomy

General Description

A.	Faculty:	Full Time	15
		Part Time	2

B. Percent of Total Faculty Effort

1. Teaching

a.	Undergraduate medical students	35
b.	Others	35

2. Research 15

3.	Service	5
4.	Administration	10
	Total	100

C. Budget (Current estimate)

1.	Non-University funds	$312,603
2.	University funds	365,358
	Total	$680,961

OBJECTIVES

1. To provide the student of anatomy with the opportunity to obtain a useful language, a visual picture, and a functional understanding of the normal structure of the human body in all stages of its development from the egg to maturity.

2. To train graduate students with a thorough understanding of some specialized areas in anatomy, including research techniques, and to equip them with the tools necessary to carry out independent research.

   The department utilizes the team approach in the teaching of the general medical anatomy course. More specifically, the course is divided into the following teams, consisting of 3 to 7 faculty members:

   (1) Cell biology and histology, including embryology;

   (2) neuroanatomy;

   (3) gross anatomy.

OBSERVATIONS

It appears that the department is progressing well. The department feels that the team approach to the teaching of anatomy will allow for greater success in achieving its goal of providing students with an effective teaching and laboratory experience in anatomy. In addition, student performance on the anatomy section of Part I of the National Board Examination has improved markedly since the implementation of the team approach.

There appear to be two major areas of concern in the department of anatomy, namely, (1) an excessively high teaching load (medical, dental, pharmacy, nursing, and graduate students), and (2) inadequate clerical help. The current student to faculty ratio is approximately 40:1. A more preferable ratio would fall in the range of 15:1.

II. Biochemistry

General Description

A. Faculty:	Full Time	8
	Part Time	2

B. Percent of Total Faculty Effort

1. Teaching	
a. Undergraduate medical students	30
b. Others	20
2. Research	30
3. Service	5
4. Administration	15
Total	100

C. Budget (Current estimate)

1. Non-University funds	$ 70,557
2. University funds	280,929
Total	$361,486

OBJECTIVES

The objectives of the basic medical course in biochemistry are to present the fundamentals of structure and metabolism of proteins, carbohydrates and lipids. In addition, enzyme kinetics are treated and the roles of hormones and vitamins are presented. The broad goal is to prepare the student to understand the language of biochemical science as he/she will encounter it in subsequent courses in medical school and later in his/her professional experiences.

OBSERVATIONS

An analysis of the faculty, curriculum and teaching methods of this department indicates a true capability for achieving the goal stated above. This is reflected by the fact that Howard students recently performed better than the rest of the country on certain parts of the Special Examination from Part I of the National Board.

The graduate program is functioning at less than its full potential, due primarily to the lack of sufficient funds and space. The loss of training grant support has hurt the program tremendously. The overall success rate for acquiring research funds is approximately 50%.

There is grave concern about additions to the curriculum which have resulted in a reduction in the indepth treatment of biochemistry by the students. The following were presented by the department as areas of need:

A. Additional faculty positions

B. Improved backup services for research laboratories

C. Teaching and research space

D. Research funds

III. Physiology and Biophysics

General Description

A. Faculty:	Full Time	13
	Part Time	3
	Volunteer	1

B. Percent of Total Faculty Effort

1. Teaching	
a. Undergraduate medical student	30
b. Others	40
2. Research	15
3. Service	2
4. Administration	13
Total	100

C. Budget

1. Non-University funds	$402,000
2. University funds	518,489
Total	$920,489

The primary teaching responsibility for this department is the basic medical course in physiology for medical students which covers the principles of function and control of the muscular, cardiovascular, respiratory, renal, alimentary, endocrine, and reproductive systems in man. Additional course responsibilities include: physiology for students in human ecology, basic medical physiology (dental), physiology for pharmacy students, anatomy and physiology for nursing and allied health professional students and graduate students.

OBSERVATIONS

This department is struggling with the problems of transition inherent in choosing a new chairman. There is much concern about the poor performance of students on course exams, as well as the National Boards. Consequently, the department is actively evaluating its faculty, curriculum, examinations, etc., in an effort to correct this situation. Student input is recognized as a vital input to this coordination process.

The needs of the department were stated as follows:

1. More space for teaching and research
2. Additional faculty, clerical and staff positions
3. More time for research

IV. Microbiology

General Description

A. Faculty:	Full Time	9
	Part Time	2
B. Percent of Total Faculty Effort		
1. Teaching		
a. Undergraduate medical students		25
b. Others		55
2. Research		10
3. Service		--
4. Administration		10
	Total	100

C. Budget

1.	Non-University	$751,810
2.	University	227,427
	Total	$979,237

OBJECTIVES

The objective of the medical school course in microbiology is to teach concepts and principles covering the extensive study of the bacteria, fungi, viruses, and parasites which cause disease as well as the immunological and molecular biological events which interface with the above mentioned organisms. In addition, the basic and clinical aspects of immunology are covered in the course.

This department is also responsible for the interdisciplinary course in Infectious Diseases. The objective of this course is to present to the students, the various clinical, preventive and basic science aspects of disease due to infective agents in a comprehensive manner.

OBSERVATIONS

This is truly a dynamic, dedicated department. Very bright and highly competent faculty members (largely black) have been recruited.

This department is struggling with a very heavy teaching load. Approximately 560 students are taught per year. Because of space constraints, it has been necessary to teach 3 separate sections of the same course. Under these conditions, the research efforts of the members of the faculty have been hampered seriously.

The department appears to be doing an outstanding teaching job, as witnessed by the fact that last year 82% of the students taking National Boards Part I passed the microbiology section at 380 or higher with a class average very close to the mean for the country.

There is much concern about the placement in the curriculum of the medical microbiology course. It is felt strongly that this course belongs in the sophomore rather than the freshman year.

V. Pharmacology

General Description

A. Faculty:	Full Time	12
	Part Time	6
	Volunteer	5
	Vacant	1

B. Percent of Total Faculty Effort

1. Teaching		
a. Undergraduate medical students		60
b. Others		20
2. Research		15
3. Service		0.5
4. Administrative		4.5
	Total	100

C. Budget

1. Non-University funds		$357,172
2. University		366,616
	Total	$723,788

The department utilizes multipurpose laboratories for small group teaching. Self-instructional materials are made available to the students and a video-tape library of required laboratory teaching exercises in general pharmacology and case presentations in applied pharmacology has been started.

In addition to what might be considered the usual objectives of a department of pharmacology, this department seeks to train medical students, physicians, dentists, or pharmacists who are interested in a broader perspective of the application of pharmacological principles in their respective fields.

OBSERVATIONS

All indications are that this is a very well organized, productive department. Student performance on departmental and National Board examinations has improved. This is attributed to (1) small group teaching and (2) improvement in the caliber and attitude of the students. There appears to be a high participation in interdisciplinary programs. The department is to be commended for its success in the areas of research funding and research productivity.

The major concerns expressed by the department were:

1. A need for more space - primarily for research involving animals

2. Faculty recruitment

3. Additional funds to support research training

4. The necessity of teaching pharmacology twice a year in order to accommodate students enrolled in the accelerated program.

VI. Pathology

General Description

A. Faculty:	Full Time	19
	Part Time	2
	Volunteer	7

B. Percent of Total Faculty Effort

1. Teaching	
a. Undergraduate medical students	20.5
b. Other	18.9
2. Research	21.1
3. Service	28.5
4. Administrative	11.0
Total	100

C. Budget

1. Non-University funds	$120,353
2. University	500,025
Total	$626,378
3. Hospital budget	1,413,231
Total	$2,039,609

OBJECTIVES

A. General Pathology

To present the basic principles and methodology of general pathological processes through the use of lectures, laboratories and group discussions.

B. Pathophysiology of organ systems

This course entails a systematic analysis of the principal lesions of each organ system. The course is presented by means of lectures, laboratory work (gross and microscopic) and student group conferences.

C. Laboratory diagnosis

1. To acquaint the student with the origin and development of the red blood cells and white cells, the morphological classification of the anemias and the implications of microcytic, normocytic and macrocytic anemias.

2. To acquaint the students with certain clinical tests used in laboratory diagnosis.

OBSERVATIONS

The size of the faculty is limited, which results in (1) heavy teaching loads and (2) insufficient time for research. The department would like to utilize small group sessions in presenting the general pathology course. This is sometimes not possible at the present due to the absence of small conference rooms.

This is the only basic science department with hospital service responsibilities. Several faculty members are paid by the hospital. A proposal for a Consultative and Referral Practice Plan for the department has been initiated and is under discussion.

VII. Physical Medicine and Rehabilitation

The Department of Physical Medicine and Rehabilitation consists of one full professor, two full-time assistant professors; one part-time assistant professor; and eight part-time persons, serving at the level of instructor or below. The Physical Medicine and Rehabilitation Service was established as a Division in 1963, but obtained Departmental status in 1967.

There are two full-time physiatrists serving in this department, assisted by a staff of 13 professional and 10 clerical and technical persons. There are no volunteer faculty.

The educational activities within the Department of Physical Medicine and Rehabilitation include a freshman student course entitled, "Introduction to Clinical Medicine." Concern is expressed that medical students should be exposed very early in their training to physical medicine and rehabilitative services, in order to become more accepting of the merits of rehabilitative medicine, and the patient's need for the services performed by this department. In the core curriculum, 22 hours

of didactic instruction, spread over a four semester interval, beginning in the second semester, is the format being used by this department.

In addition to providing undergraduate education for medical students, clinical training is provided for physician and occupational therapy students from the College of Allied Health Sciences. The department has approximately 1,200 square feet of space allocated for its use. This is considered adequate by the departmental chairperson, but reportedly does not allow the entire team to work together. Twelve beds have been identified in the new Howard University Hospital to be utilized by the Physical Medicine and Rehabilitation Department.

Inpatient Services of the Physical Medicine and Rehabilitation Department are confined to the Howard University Hospital. Although the chairperson serves as consultant and member of several advisory boards in the District of Columbia Department of Human Resources, the District of Columbia Division of Vocational Rehabilitation, the Veterans Administration Hospital, and in a number of other community related activities, the incumbent finds it virtually impossible, in terms of available time, to perform any significant service beyond an advisory capacity for the community. Consequently, the chairperson feels that the Physical Medicine and Rehabilitation Department is not making a meaningful impact on the needs of the immediate District of Columbia community. Enthusiasm and job satisfaction appeared to lie in the rewards to be gained from effective and enthusiastic teaching of undergraduate medical students and of the clinical instruction of physical and occupational therapy students from the College of Allied Health Sciences. Estimates of the research activities of the members of the department approximate 10 percent of total effort. There is a Social and Rehabilitation Services teaching grant of approximately $84,000. It is felt by the departmental chairperson that the heavy teaching load, for both undergraduate medical students and clinical students from the College of Allied Health Services, has required so much time that research activities and other desirable pursuits must go lacking at this time.

It should be mentioned that the department head is serving as chairperson of the Committee of Consultative and Referral Practice and that she is, in fact, in favor of the establishment of such a plan at the Howard University Hospital,

VIII. Medicine

The department has 38 full-time faculty (six professors, 13 associate professors, nine assistant professors and ten instructors or below), 15 part-time faculty (four associate professors, four assistant professors and seven instructors or below) and about 10 volunteers who can be counted upon for

sustained activity. There are no vacant funded full-time positions. Ten of the full-time faculty are assigned to the D. C. General Hospital and are responsible for teaching and patient care in that hospital. There are 12 sections in the department related to areas of medical subspecialties.

The department is involved in undergraduate medical education (regular and accelerated programs) in years one, through four, in core curriculum courses - with the bulk of the core teaching activity in the third year and to a lesser degree in the fourth. In addition to fourth year electives for medical students, the department is engaged in a heavy teaching responsibility involving nursing, dental, physician's assistant, dietetics, occupational therapy, physical therapy and nurse practitioner students throughout the school year.

The department is responsible for 290 beds (150 at D. C. General and 140 at Howard University) and supports 26-30 house officers, including 10 straight internships. The majority of residents are assigned to the Howard University Hospital and rotate on occasion to D. C. General, since the numbers of total house staff preclude regular assignments on rotation to D. C. General.

It was apparent that scholarly activity suffers considerably because of the service and teaching load of the department related to its present complement of faculty. Further, problems of promotion arise frequently, especially among younger faculty, due to lack of release time for scholarly pursuits. The chairman is obviously proud of his departmental staff. He describes them as dedicated, young, energetic and extremely competent, but insists they desperately need release time if they are to maintain their level and fully develop their potential in total academic competence. Grants and/or contracts in this department amount to about $438,000.

The major concerns of the chairman and assistant chairman are the lack of time for scholarly pursuits. This situation is further complicated by the lack of sufficient volunteer faculty (10 with sustained input) to assist in the teaching and service responsibility. There also is a real need for additional residency slots for the H.U. Hospital Service and for regular rotations of house staff to D. C. General.

IX. Surgery

The department has 29 full-time faculty (five professors, four associate professors, 12 assistant professors and eight instructors or below). Forty-seven part-time faculty (two professors, one associate professor, 26 assistant professors and 18 instructors or below). The department has no volunteer staff and has no vacant funded positions at this time.

It is a young, rapidly growing department composed of eight divisions, with the recent addition of three other programs; an organ transplant program, pediatric surgery, surgical oncology and (in 1977), a plan to add a plastic surgery program.

The department supports 32 house staff, 26 residents and six interns, who are trained in H.U. Hospital and H.U. Surgical Service at D.C. General Hospital. The department is responsible for 123 beds at H.U. Hospital and a similar number at D.C. General. The training is in general surgery with rotations through the usual surgical subspecialties. The department, in addition to providing an educational experience for medical students, has a responsibility for educational programs for students from the College of Allied Health Sciences. The department provides a third year clerkship for eight week periods, a fourth year clerkship for four week periods and senior electives in general surgery and most of the surgical subspecialties. All third year students rotate through the H.U. Hospital and all fourth year students rotate through the H.U. Service at D.C. General Hospital. Greater Southeast Community Hospital and Norfolk Community Hospitals are not formal affiliations but are considered for rotations where house staff are assigned for up to six months for general clinical experience.

Research is one of the chairperson's major goals: "to sponsor productive and imaginative research not only in broad general areas as cancer, shock, etc., but also in areas particularly related to Black people." While the chairman has been able to recruit highly competent researchers to the department in general surgery and the subspecialties, limitations of time due to heavy service and teaching loads preclude developing even minimal thrusts in research. The research budget for the department is less than $50,000. There are no training grants or contracts except for the development of a training program in ophthalmology ($70,000).

In addition to the chairman's concern over the paucity of research carried out by his department, he has problems with space for one of his divisions (ENT) and this is compounded by the fact that he is attempting to recruit a new chief for this division at the present time.

X. The Department of Pediatrics and Child Health

This Department has three divisions; namely, the Division of General Pediatrics, the Division of Medical Genetics, and the Division of Child Development. The Departmental activities in pediatrics are conducted by five full professors, five associate professors, 10 assistant professors, and one instructor, all

full-time. There are two associate and three assistant professors and one instructor serving in a part-time capacity in the Pediatrics Department. The volunteer faculty includes four full professors, nine associate professors, 23 assistant professors and 15 instructors. There are currently three full-time, funded, available vacancies at the assistant professor level.

The education program in the Department of Pediatrics is apparently a very active one for both undergraduate and graduate students. In addition to teaching undergraduate medical students and medical graduates in the residency program, the Department has some unique activities in progress. A program in cooperation with the Departments of Botany and Zoology, on the main campus at Howard University, is in progress, with students who are Ph.D. candidates studying human genetics. Moreover, the teaching activities of the pediatrics department include didactic lectures and demonstrations to physicians assistants, dental (orthodontic), occupational therapy, nursing, pharmacy, and physical therapy students. Furthermore, in an effort directed to the study of child development and family medicine, there is some related activity including human ecology, social work and pediatrics provided within the framework of the medical school educational program. The staff is, for the most part, quite young and enthusiastic.

The Department uses four institutions for teaching, with approximately 40% of the students being rotated through the service at Howard University Hospital; and another 40% on the Pediatrics Service at the District of Columbia General Hospital, where four to five full-time faculty persons are located. Ten percent of the students are assigned to the Walter Reed General Hospital's Pediatrics Section, and another 10% to the National Naval Medical Center, Bethesda, Maryland.

The Department Chariman feels quite a concern for the social mission of his department, not only in terms of its providing a tertiary medical facility for patients in the community, but the necessity of the Pediatrics Department at Howard University Hospital to provide regular care as the primary "Pediatrician in Residence," to those persons residing in the nearby community. The Department is involved in a considerable amount of research, having budgets approximately equal for funding from research and training grants, and orginary departmental activities.

The Department Chairman perceives a need to become even more involved in the community, and feels very strongly, that the "arbitrary imposition" of a $25.00 clinic visit fee by the hospital administration, in the recent past, will serve as a strong deterrent to the ability of the Department to serve low income patients in the future. The increase in the fee to

$25.00 represents an increase of 3-1/2 times the previous $7.00 fee. Consequently, the clinic visits have dropped quite sharply in the Pediatrics Department.

Additional problems reported by the Department Chairman include the lack of availability of laboratory and other ancillary services in the hospital after 5:00 p.m., as well as previously reported delays in X-ray reports being entered on the patient's chart(s). The participation of Family Practice residents on the Pediatrics Service is not considered to be satisfactorily carried out at this time. In fact, it was noted that most of the Family Practice residents do not rotate through the Pediatrics Service at Howard University Hospital. The Department has eight residency and five internship positions. Two of the first year house-staff serve on the outpatient newborn service and two on genetics.

The Chairman expressed the opinion that the Faculty Practice Plan will impose no significant problems for full-time staff members of the Pediatrics faculty as only two physicians in the Pediatrics Department earn more than one-third of their annual income from outside activities.

XI. Obstetrics and Gynecology

In addition to the Chairman, there are 3 full, 2 associate and 5 assistant professors, and 4 instructors who serve as full-time faculty. There are also 1 associate, 3 assistant professors and 2 instructors on a part-time basis. The volunteer faculty includes 1 associate and 10 assistant professors and 16 instructors.

This department is extremely proud of its record in terms of the undergraduate medical student performance on the National Board. It is maintained by the Department Chairman that the undergraduate medical students perform better in the section on obstetrics and gynecology than in any of the other clinical sections, and indeed, that their grades are above the national average for that particular section of the examination. Hence, they feel that their undergraduate medical teaching program and the experiences to which they expose their students, have equipped the undergraduate medical students at Howard University to perform exceedingly well in the discipline. Moreover, the Department Chairman reports that approximately 20 students have been in residence at the Howard University Hospital from the New England area (particularly the Boston area). These students have presented themselves for a clinical experience because of the reputation of the department.

The postgraduate education program in obstetrics and gynecology has some 25 residents in the field, with 6 residents for each of

the 4 years of the program's length. There is one resident in training assigned to the department from the Air Force of the United States, making a total of 25. The facilities used for training purposes by the Department include the Greater Southeast Community Hospital, District of Columbia General Hospital and Providence Hospital, all in Washington, D. C., where 4, 7, and 1 residents are assigned, respectively. Additionally, 1 resident is allocated to the Norfolk Community Hospital, Norfolk, Virginia, and the remaining 12 residents are all assigned to the Howard University Hospital.

According to the Chairman, approximately one-third of the annual admissions to Howard University Hospital are admitted to the obstetrics and gynecology service. He numbers the annual outpatient load at 25,000 visits. There were approximately 1,300 deliveries at Howard University Hospital and 2,500 at the District of Columbia General Hospital, half of which were on the Howard University obstetrical and bynecological service. Another 2,600 deliveries were reported at the Greater Southeast Community Hospital.

Regarding the Faculty Plan, the Department seemed to lack a consensus in offering responses to the questions of the interviewers. Several members of the full-time faculty from obstetrics and gynecology were present during the interview and various views surfaced including the concern for some "grandfather clause" which would enable an individual who had been a long time member of the Department, with outside office obligations, to make a satisfactory transition from his present level of practice activities to one that would be in conformity with the guidelines of whatever Faculty Practice Plan evolves.

Additional complaints offered by Department members to the Faculty Practice Plan included several specific concerns. Those concerns included geographic areas and facilities to be provided within the hospital, and the adequacy of such facilities.

On the whole, the Department feels satisfied with the performance of its members, and is proud that it occupies a significant role in graduate training in obstetrics and gynecology. There are approximately 108 to 120 black graduate medical students in the various obstetrics and gynecology residency programs across the country, of which 25 are located at the Howard University Hospital and College of Medicine.

The research activities within the department and service related functions include a perinatology project which is located at the District of Columbia General Hospital and supported by a grant of approximately $31,805. The Family Planning Clinic with a staff of approximately 30 persons apparently provides a direct and meaningful service to the community immediately surrounding the

hospital and, perhaps indeed, to the entire District of Columbia community. According to the Chairman, this family planning service has been relatively free of many of the criticisms associated with such services in the past, and has received a number of commendations from community groups.

The Department Chairman perceives the key problem to be a decreasing clinic load which is attributed to the recent increase in the clinic visit fee from $7.00 to $25.00. It is felt by most persons in the Department, that this will significantly diminish their contacts with and their service to patients. The Department has approximately $800,000 provided in research and training grants and other sponsored program funds in addition to approximately $300,000 which is budgeted through the University and the Howard University Hospital.

OBSERVATIONS

It would appear that this Department will be one that will truly be the measure by which a successful evolution of a workable Faculty Practice Plan can be evaluated. It is anticipated that the objections raised by a number of the faculty members during the interviews are representative of only a small part of the resistance to be expected from certain Department members, should consideration not be given for some of the complex problems relating to effecting a satisfactory transition from previous practice activities.

XII. Psychiatry

There are 15 full-time faculty (one professor, two associate professors, seven assistant professors and five instructors or lower), 29 part-time faculty (one professor, three associate professors, ten assistant professors and 15 instructors or below). There are 33 volunteer staff at all academic levels.

The Department is involved in a heavy teaching program involving first, second, third and fourth year students in core curriculum activities and fourth year electives. In addition, 20 or so students per year come from other medical schools across the nation. The major thrust in core curriculum activity comes in the third year when students are given an intensive eight week course in the Department. In addition, the Department provides training for six or seven other health sciences disciplines.

The Department has eight residents. The Chairman feels this number is considerably less than optimal for the patient load, which is spread among six local institutions. This is also true for the full-time faculty who are given the responsibility for patient care in the several institutions.

The Department has a modest involvement in outreach programs and hopes to increase this involvement if given personnel and adequate grant support.

The research thrust is minimal (about $248,000 in research and/or training grants) and this clinically oriented Department feels the strong need for involvement in clinical research, given personnel and dollar support.

The major concerns of the Chairman and his senior staff are the lack of child and adolescent psychiatry programs for the purposes of providing both a desperately needed community service and a training experience for students and house staff. Further, concern was raised over the lack of real liaison and functional relationship with the other clinical services and the lack of involvement on an integrated basis with the central campus in the area of psychiatric programs and problems.

XIII. Family Practice

This large service Department has three full-time faculty (one professor, one assistant professor and one instructor), 25 part-time (seven assistant professors and 18 instructors or below) and 16 volunteer faculty. There is one unfilled associate professorship in the Department. An interdisciplinary faculty involving the traditional specialty clinics (Medicine, Pediatrics, Social Work, etc.) also provides teaching in the Family Practice Program for students and house staff and, indeed, many of the faculty in medical specialties have joint appointments.

The Department provides medical student training in all four years through core curriculum courses, required preceptorships and other electives, with the concentration of activity during the third and fourth year in an eight week block. The Department also supports the training of students in several other disciplines. This activity is provided through large ambulatory care settings, mainly at the Howard University Hospital, but also in affiliated institutions (S.E. Community, Norfolk, Bethesda Naval, Walter Reed, and D.C. General Hospitals and the Community Group Health Foundation, Inc.).

The Department has between 27-30 house staff and these are deployed in the various affiliating institutions with the majority at Howard University Hospital (18). The Department has ten inpatient beds which are kept at 100 percent occupancy.

Except for one location (Community Group Health Foundation, Inc.), the Family Practice Clinics are hospital based, but plans for more outreach activity are under consideration. They also are developing an interdisciplinary approach to health manpower training and health care delivery. Prominent in this is the clinical training and deployment of physicians' assistants and other physician extenders in some of their clinical settings.

The major concerns of the Chairman and senior staff are the following: (1) only three full-time faculty receive medical school

salaries; the others are supported by the hospital(s) for performing basically a service responsibility; (2) they must continue to make the fight for "legitimacy" among several of the key clinical departments in the medical school and Howard University Hospital; (3) the need for a closer academic relationship between the Departments of Family Practice and Community Health Practice.

OBSERVATION

Concerns are identical to those in many health science centers nationwide and reflect, the Review Committee believes, the usual reluctance to accept change in the traditional departmental structure of medical schools. Additionally, concerns from opponents of family practice departments across the nation reflect the issue that the development of such a program lends itself to the development of two standards of medicine and medical care in a given hospital. This Committee was not asked and, further, makes no value judgement in this regard.

XIV. Community Health Practice

This Department seeks to serve as a resource for research, education and service to students, house staff and other departments through the application of biostatistics, epidemiology, health care administration and health education to the problems of community health, community health services and health care delivery. In addition, it serves as a resource for research and training in nutrition and tropical diseases, including the laboratory diagnosis of the latter as well as providing programs and curricula in global epidemiology and international health problems.

There are 10 full-time members of the Department (two professors, one associate professor, two assistant professors and five instructors or below), six part-time faculty (one professor, one associate professor and four assistant professors), 27 volunteers at various academic levels and two funded but unfilled positions at the level of professor.

It provides core curriculum courses to first (epidemiology) and second year (current urban health problems) medical students, including in these offerings, through an interdisciplinary training program, training for nursing students and students from the School of Business Administration. In addition, it provides electives in biometrics, nutrition and tropical diseases.

The Department is involved in a series of primary research projects, as well as being involved in several interdisciplinary research programs. The core budget for this Department is $347,000 and the Department currently is generating about $131,000 additionally in research grants and contracts.

The Department has no clinical responsibility, and therefore, no house staff.

The concerns of the members of the Department centered around the following: (1) the need for additional clerical support to facilitate the prompt reproduction of materials for student and public consumption; (2) a paucity of University-provided financial resources for community service programs and (3) a lack of perception by other Departments and the teaching hospital of the resources and philosophy of the Department of Community Health Practice and the necessity for negotiating a role in the college and hospital for the Department.

OBSERVATION

The Review Committee does not consider (2) above as a valid concern, since the provision of funding for community service programs is not generally considered as a function of an academic health center. This type of support is expected to be generated by outside funding in grants and contracts, which this Department is already doing very well.

XV. Department of Radiology

There are 6 full-time radiologists on the staff with 1 full-time and 2 part-time radiologists supported by the Howard University College of Medicine and 5 full-time radiologists supported by the Howard University Hospital.

The undergraduate educational program conducted by the Radiology Department consists of four lectures to junior students. The Chairman expresses the desire to increase the number of yearly lectures given to approximately 12 to 14. However, he cites "fixed" curriculum time and the tremendous workload of his staff radiologists as a problem. In addition to the undergraduate medical education program of the radiology department, there is a graduate education program in radiology for residents. A one hour conference is held each day for the members of the radiology department staff and the residents in training.

The Department Chairman perceives his workload of 70,000 examinations annually as an overwhelming service task. He estimates his service function time as approximately 80% of his total activities. He feels that since the Department has 5 physicians that are paid from the Howard University Hospital funds, and only 2 full-time equivalent physicians paid by the Howard University College of Medicine, that the activities of the Department are necessarily directed largely toward service to hospital patients. He feels that he has a need for some 12 to 15 full-time staff radiologists based on the number of examinations performed at the Howard University Hospital each year.

There is very little outreach and virtually no research activities underway in the Department of Radiology at this time. The Chairman perceives this problem as one largely related to the great service

load. He perceives the advent of a Faculty Practice Plan as providing an avenue for solution of some of the problems; that is, obtaining additional full-time radiology staff members, and being competitive in terms of the salaries offered such persons.

OBSERVATIONS

It would appear that the proposed plan indicated by the Department Chairman for practice within Howard University Hospital would be more rewarding monetarily for his full-time staff, and enable his department to provide the necessary services to the hospital with less strain on the Department. However, the necessary zeal and enthusiasm for research and teaching activities are not associated with a price tag. Thus, it appears that an effort should be made to generate enthusiasm among the Department's present members for more didactic activities and for clinical research and to reduce concern about proper compensation for work done.

XVI. Radiation Therapy

The Department has five full-time faculty (one professor, three assistant professors and three instructors), and one part-time assistant professor and no volunteer staff. We were advised that the Department and service is one of the best equipped facilities in this area, and is an integral part of the new Cancer Center being developed in the medical school. The total equipment in the Department is valued at over one million dollars. The Chairman has a national reputation in this discipline.

By way of responsibility for education, the Department provides a first year elective, a second year elective and three senior electives for medical students. The Department has four residents but could train double this number if the budgeted positions were available.

The Chairman stated that the salaries he can offer in recruiting faculty are not competitive, but because of the excellent reputation of the Department, he has no trouble in recruiting young faculty who stay for a short time and then are replaced by others.

The Department at this time has no research funding, but anticipates some support via the Cancer Center in the near future.

XVII. Dermatology Department

The Department achieved departmental status approximately six months prior to the survey visit. The staff currently consists of four full-time faculty; one at the academic rank of full professor; one at the associate professor level; and two at the instructor level. There are approximately 12 to 14 other individuals

who serve as part-time faculty, approximately one-twelfth to one-tenth time, at the clinical professor, assistant clinical professor and instructor levels.

The Department provides approximately nine clock hours of didactic instruction for junior medical students. The required course in dermatology is offered quarterly to the junior medical students. Sophomore and senior medical students may take electives in dermatology, and it is estimated that approximately 45 seniors, in each class, take electives in dermatology. In the graduate education program there are eight residents in dermatology, and a medical resident is rotated regularly through the Department for exposure to dermatologic problems. Two beds have been identified at the Howard University Hospital for inpatient services to dermatologic patients. Dermatologic services also are provided at Howard University Hospital on an outpatient basis with two clinics in operation daily, except Tuesday, with approximately 30 patients being seen in each clinic. In addition to the clinics at the Howard University Hospital, dermatologic clinics are held at the District of Columbia and Lorton jails.

The research activities in the Department of Dermatology are confined largely to comparisons of the efficacy of various topical preparations. This research is conducted through the support of relatively small grants from pharmaceutical companies. Research occupies approximately 10 to 15 percent of staff time.

As for problems within the Department, one member felt that the salaries provided for full-time staff persons are inadequate. He felt that the Faculty Practice Plan would be an appropriate solution to inadequate faculty salaries. An additional problem asserted is that the Dermatology Department's clinic space is too small. It was noted that there are only <u>two</u> rooms allocated for dermatology clinics and there are <u>three</u> residents who actually serve in the clinic at any given clinic schedule. Consequently, there is a cumbersome block, precluding an even traffic flow pattern for treating patients.

The observation is that this Department is in a state of transition and needs to have some objective assessment of its present status, goals and objectives. The Department should be provided with reasonable assistance in order to allow a more effective work flow pattern to emerge from the service.

XVIII. <u>Center for Sickle Cell Disease</u>

The Comprehensive Center for Sickle Cell Disease was established by the Howard University Board of Trustees in the fall of 1971. The primary goals and objectives of the Center are as follows:

1. Development and implementation of high quality total care for the victims of sickle cell disease.

2. Development of educational and informational programs for those at greatest risk from sickle cell disease and for the community at large.

3. Development of educational and training programs for the medical personnel who are closely involved in the care of patients with sickle cell disease.

4. Further development and evaluation of methods of prevention through screening for sickle and other abnormal hemoglobins, followed by genetic counseling.

5. Performance of clinical and basic research to investigate the nature, causes, and effects of sickle cell disease and its potential control.

The main source of financial support of the Center is the grant awarded by the NIH. The amount awarded was $2,816,474 for a five year period (June 72 through March 77).

The personnel and staff of the Center are comprised of the core staff and associate investigators in the College of Medicine and Howard University Hospital. They enjoy the cooperation of an association with members of various Departments and units within the Center for the Health Sciences. The Director of the Center reports directly to the Dean of the College of Medicine.

OBSERVATIONS

The comprehensive and unique nature of the Center makes it an asset to the College of Medicine and to the University. In addition to its community related educational activities, the Center has major teaching responsibilities within the medical school. A variety of highly significant basic and clinical science research projects are in progress. These provide excellent opportunities for an interdisciplinary approach to the problem of sickle cell anemia.

Progress and accomplishments of the Center may be summarized as follows:

1. Successful recruitment and appointment of a full complement of personnel.

2. Significant upgrading of the laboratory aspects of the program.

3. Significant progress in research activity.

4. Continuing efforts to provide maximum service to patients.

5. Progress in educational activities through seminars, summer projects, postdoctoral fellowships, etc.

The major concerns of the Center appear to be (1) inadequate space and (2) long range financing. Recently, the Center made a plea to the University for increasing financial support so that it can achieve permanency and protection from the vagaries of grant-sustained existence.

The community activities, the important potential contributions to the education and research programs of the College of Medicine and its significant participation in the care of patients, all make the future development of the Center worthy of the maximum support of the University, the College of Medicine, and the University Hospital.

XIX. Cancer Research Center

The Cancer Research Center and its hospital clinical component, the Howard University Hospital Department of Oncology, both under the same administrative leadership, have engaged in the development of a comprehensive cancer program. The objectives of the Center are:

1. To develop programs of research that are designed to:

   a. Explore the major biomedical problems that becloud a clear scientific understanding of cancer;

   b. Focus on areas of unsolved cancer biology from multiple disciplinary points of view;

   c. Encourage collaborative interdisciplinary basic, clinical and combined basic-clinical research.

2. To provide valuable education programs to medical students, interns, residents, fellows, faculty, allied health professions and practicing community health workers.

3. To develop and implement community outreach programs for lay and professional populations of the D. C. area consisting of conjoint programs with other interested health agencies, including educational programs, detection programs, treatment programs, consultation services, an information system and mass screening programs.

4. To encourage the development and implementation of multi-disciplinary diagnostic and treatment programs for cancer victims.

5. To continue the development of a truly Comprehensive Cancer Center Program compatible with the National Cancer Plan and the subject Center's interests.

In achieving these goals, it has been the policy of the Center to bring together the interested and talented faculty and staff from the health fields, the science fields, and the humanities in the development of a comprehensive cancer program. Departmental, college and faculty barriers have been eliminated and a cohesive, yet diverse, group of workers are involved in the overall effort.

OBSERVATIONS

While the goals of the program are being gradually achieved, progress has been slowed by the following:

1. Inadequate financial support. The Cancer Center (Core) Grant is insufficient to meet the requirements of the program. The University and Hospital support, though appreciated and larger than ever, is insufficient to meet the needs.

2. The lack of Department status affects recruitment, fragments clinical education and management of cancer patients, provides for inadequate curriculum input, and undermines effectiveness of faculty participants by shifting their primary obligation from Oncology to their prime traditional departments.

3. The lack of discretionary funds from the National Cancer Institute and the University makes it difficult to provide the non-salaried support required when new investigators and faculty are recruited.

The Center anticipates considerable progress in obtaining more financial assistance through new grant applications, the University and the Hospital. Architectural plans for the Cancer Research Center Building are due for completion September 8, 1975. Ground breaking is scheduled for November 1975. Department status is being applied for to the College of Medicine and they are hopeful for success in this regard.

I. RESEARCH AND GRADUATE TRAINING

This research review of the Howard University College of Medicine was undertaken to determine (1) its research projects by number and type in basic sciences, clinical practice, and organization of care: (2) its faculty's assessment of needed research relative to its educational goals and philosophy: (3) specific research areas requiring additional or new funding: and (4) strategies helpful to the College in achieving its research goals. Relevant data were obtained from the College about research policies and activities and from group interviews with many of its administrators and faculty.

Number and type of research projects. Appendix C shows the distribution of research projects in process within the College

during the 1975 fiscal year, by major purpose or problem under investigation, by departmental location and name(s) of full-time faculty functioning as principal or supporting investigators, by funding source, amount, length, and termination date, and by disciplinary nature (i.e., disciplinary, multidisciplinary, or interdisciplinary).

Faculty assessment of research areas. Considerable heterogeneity characterized the faculty's specification of needed research areas relative to the College's articulated educational goals and philosophies. There was general concensus that such research should reflect clearly specific faculty and graduate student interest, as well as research areas requiring greater exploration for pragmatic purposes, as in the case of sickle cell anemia. With the specific exceptions of the Departments of Microbiology, Biochemistry, and Pharmacology, and the Cancer Research Center, greater stress was placed upon disciplinary than multidisciplinary research. Most of the individuals queried stressed the need for continuation of present research and research expansion through the provision of necessary and sufficient physical resources. The most critically needed physical resource was perceived as that of laboratory space, followed by the need for significant expansion of the animal-care facility. Presently, much research which might occur is severely hampered by inadequate resources. Some faculty, and particularly those interviewed within the Department of Pathology, expressed strongly the need for sufficient release time from instructional and other duties to permit engagement in pilot research studies essential to the development of major research grant applications.

Research areas requiring funding. The majority of the interviewed faculty strongly emphasized the need for continuing funding for on-going research projects or for expansion of those projects. In addition, a stress was placed once again upon sufficient physical resources (including space) which would enable research grant applicants to become competitive. Some faculty noted specific research projects in which they could not participate due to inadequate support services. Emphasis was also placed upon sufficient funding for technical and/or clerical support, as well as necessary monies for developing and maintaining account reporting systems for existing and new research grants.

Recommended strategies. As generally indicated above, the five most important problems affecting research as perceived by the faculty were those of:

1. Inadequate space.

2. Inadequate technical and/or clerical support.

3. Insufficient faculty release time for research.

4. Insufficient animal facilities.

5. Insufficient resources for becoming competitive respondents to Federal requests for proposals (RFP's).

A majority of the faculty were especially critical of the added teaching obligations resulting from the four educational tracks within the College and the increasing teaching demands being placed upon them by other University components. While teaching overloads could be reduced through hiring of additional faculty personnel, a current problem was that of space for housing such additional faculty.

OBSERVATIONS

In general, it is difficult to criticize the research efforts at institutions operating under minimally desirable research conditions, except to note, of course, that such conditions should be improved. Nevertheless, certain internal problems were apparent, with the most important one being a need to emphasize and promote large-scale interdisciplinary studies. Within such a framework, attention should be focused on research or emergent research issues where the results would aid in increasing the quality and quantity of health care for Blacks.

Additional problems include those related to promotion, fiscal reporting, and the paucity of on-going research within the Department of Psychiatry. Many faculty believed that promotion systems requiring publications obligate an institution to provide opportunities for publication, such as through research release time, adequate laboratory space, and adequate support services. Emphasis should be placed both upon competent instruction and competent published productivity in full realization of the fact that both such phenomena are not necessarily present within the same individual.

Fiscal data available to the review team suggested the need for a careful examination of the extent to which research grants were subsidized by the College. In some instances, the total amount of grant funds awarded was far less than the costs incurred by the College for the program.

Inasmuch as considerable current health research about Blacks has focused upon aspects of mental health and treatment, the dearth of similar or related research within the Department of Psychiatry was surprising. Further, the somewhat greater emphasis upon behavioral phenomena on the National Boards also suggest the opportunity for the College to take a lead in helping to improve medical knowledge and understanding of various black behavioral patterns. Thus, some emphasis should be placed upon the development of competent behavioral research within the Department of Psychiatry. Such research should include, but not be restricted to, the traditionally deviant behaviors of alcoholism, drug addiction, and juvenile delinquency.

More important problems which are probably not resolvable internally are intertwined with the need for greater emphasis upon doctoral programs producing biomedical and behavioral-medical academicians/scientists. Such programs would generate research. A notable example of doctoral research being so generated (and, it is important to add, under extremely sparse resources) is found within the program of the Department of Pharmacology. That doctoral program provides one model which could well be emulated by other Departments. Even there, however, sufficient funding is not available to appropriately enhance the quality of that doctoral program. In any case, inasmuch as the vicious cycle of insufficient research (as judged by standards for institutions with considerably greater resources) is inextricably interwoven with associated factors of insufficient monies and resources for attracting research-oriented faculty and students, every effort should be made to subsidize the College of Medicine for expanded doctoral programs within the basic sciences. Such expansion can only be successful if it enables the College to become and remain highly competitive in recruiting and retaining faculty and students.

J. OBSERVATIONS

I. MISSION

The Howard University College of Medicine should seek to provide a broad base of quality educational experiences in academic research, and service areas, so as to extend student flexibility in career selection. A major thrust should be placed upon the development of biomedical scientists, currently a glaring weakness within the College. Such scientists are critically needed within various institutional settings as role models for black students, in particular. Their increased presence could well generate increased numbers of biomedical scientists and professionals in related areas. In addition, recent trends with respect to behavioral scientists in the health-care areas suggest the need for some concentration upon developing behavioral scientists as well. Academicians competent in providing behavioral science instruction in the undergraduate curriculum could be an asset for the College.

A specific mission of providing training, research, and services to minorities whose health and health care phenomena were neglected historically should remain within the larger mission. But its concentration should extend beyond those particular medical phenomena typified by higher frequencies of incidence and prevalence within the black populations. It should include the wide spectrum of all preventive, diagnostic, and treatment modalities necessary for good health care for that population.

Achievement of the College's mission also necessitates emphasis upon political training experiences, so that students who wish

to affect policy decisions about health care organization will be able to participate in policy decisions and implementation from a solid base of knowledge and humane sensitivity.

II. ORGANIZATION AND ADMINISTRATION

There is evidence of a high degree of centralization of decision making in the University. One of the particularly troublesome areas is the centralization of services at the University level. For example, the registrar's office of the University keeps all student records. It has been difficult for the Medical College to accommodate to this system. There are long delays in getting student records and transcripts and there are numerous errors. The same is true of the fiscal office with all of the accounting and purchasing being handled at the University level. Even in the case of the hospital, the fiscal officer for the hospital is an assistant to the Vice President for Business and Fiscal Affairs and considers himself to have a direct responsibility to that individual with only a staff-type relationship to the Director of the hospital.

The printing of catalogs and other publications also is done by the central university and again there is evidence of substantial delays and inaccuracies.

This characteristic tends to lead to a protective attitude on the part of each of the schools and each of the departments. There is, thus, a high degree of territoriality expressed and one finds a relative lack of interdepartmental cooperation and communication.

Another obvious problem relates to the lack of feedback. A common criticism is that financial information is not given rapidly to the departments and they have great difficulty in finding out where they stand in relationship to budgetary expenditures.

The institution recognizes some of these difficulties and has been working on the installation of a modern computerized fiscal informational system. Unfortunately this system has not yet been fully implemented and it will probably be several months before it is. Hopefully, when this is done it will provide more timely and accurate fiscal information.

The problem of other data storage and retrieval is being addressed but the progress being made here is not yet substantial.

A side effect of centralized decision making is the uncertainty, if not suspicion, that it causes in the minds of the faculty as discussions on the faculty practice plan proceed. Since they are not fully convinced of future accurate accounting and timely reporting they are even more reluctant to see practice earnings handled by the institution.

It is evident that the Dean of the Medical College has minimal authority in relationship to the hospital. It is true that he sits on the executive committee but there is some question as to whether this is more than an advisory body with the governance being in the hands of the Director and the Vice President for Health Affairs together with a joint conference committee, which consists of representatives of the hospital committee of the Board of Trustees and several members of the executive committee of the staff.

The Associate Dean for Clinical Affairs does recognize that he reports to the Dean but by his own statement, he spends most of his time in activities in which he relates to the Director of the Hospital.

It is fortunate that the individuals seem to get along well with each other and the lack of any serious problems may be due to the personalities involved rather than to the viability of the organizational arrangement.

It is of interest that some officials with major responsibilities for the administration and management of the health center did not realize that the Federal appropriation was line itemed and that certain funds were earmarked for the individual colleges. Indeed, these officials had not seen the final appropriation documents.

III. FACULTY

Although the numbers of faculty have been increased, it is evident that their workload is still extremely high and a small amount of time is available to the average faculty member to spend in research activities. In addition, there is a common complaint that lack of adequate clerical and technical support in departments handicaps the ability to get work done more efficiently and to engage in a greater amount of research.

Some concern was expressed by faculty that the criteria for promotions depended too heavily upon research productivity when the ability to do this was severely constrained. It is interesting to note that a faculty committee revised the criteria for appointment and promotion and it would not appear that these criteria are unduly constraining. Perhaps the most immediate major problem related to the clinical faculty is that of the absence of a faculty practice plan. For many years, the institution paid salaries far below national averages. The hospital available was an old building which was relatively undesirable and thus the earning potential of faculty was limited. Of necessity, faculty were permitted to conduct a practice outside the institution and were able to utilize other hospitals.

More recently, it has become obvious that there are questions of inequity and the previous survey pointed to the importance of developing a faculty practice plan anticipating that there would be an institution adequate to accommodate all of the needs of the clinical faculty. There has evolved a variety of different arrangements and this will make it exceedingly difficult to develop a single plan without a great deal of negotiation. As an example, some of the faculty have a partnership or corporate arrangements with other physicians, some of whom are not involved heavily in the University Hospital. However, there seems to be a commitment on the part of the administration to proceed and a great deal of work has been done to develop a set of general principles together with a display of some of the alternative forms which a faculty practice plan might take.

The new hospital is now available and should prove to be highly attractive so that there is no longer any real obstacle to the development of a faculty practice plan except for the reluctance of the faculty themselves.

Based on the experiences that other institutions have had, it can be anticipated that this development will be difficult and it perhaps is even more complex than that seen in many other institutions. Consequently, the survey team will again recommend that such a plan should be developed in order to allow the institution to be fully accountable to the public for the way in which it utilizes funds in the support of clinical faculty. On the other hand, it is to be hoped that a great deal of discretion will be used and sympathetic understanding given to the institution as it struggles with this difficult problem.

IV. CURRICULUM

The institution is to be commended for giving a variety of curricular tracks to meet the needs of different types of students. There is no doubt that the four different options do serve to accommodate most of the reasonable needs and the summer programs allow students who have deficiencies to correct these, thus resulting in salvage of a large number who would otherwise be dropped from medical school completely. However, this multiple curricular track is costly. There are obvious inefficiencies that must be accepted and it becomes doubly complex when the basic science departments must also accommodate to curricular changes in other schools for which they provide basic science teaching. Consequently, an institution with a limited faculty puts an additional load on these individuals through these offerings and this further detracts from the amount of free time available to faculty for research and graduate training.

V. PATIENT CARE FINANCING

Probably the major issue of financial significance to the university is the financing of the patient care program. For many years the Freedmen's Hospital had the mandate to provide care to all of the patients who presented themselves and it is probably fair to say that the hospitalization and medical care of indigent people (largely Black) in the Washington area has been given by two institutions - the Freedmen's Hospital (now Howard University Hospital) and the D. C. General Hospital.

The legislative act which transferred ownership of the Freedmen's Hospital to the University also required that there be a plan produced, within two years of occupancy of the hospital, which would have as its objective placing the hospital on a self-sustaining basis. Although the new hospital will enable the institution to attract patients who can afford to pay, it seems unrealistic to expect that a goal of self-sufficiency can be achieved unless some form of National Health Insurance is to provide payment capability for those who are currently medically indigent. This financial load affects not only the hospital budget and creates a deficit which must be subsidized but it also has an impact on the medical school budget. Professional services are given by the faculty to large numbers of patients from whom they receive no payment. Consequently, if their incomes are to be sufficiently high to remain with the University, it is necessary to pay their entire salaries (or the bulk of their salaries) from the Medical School budget. This results in the Medical School budget being used to subsidize some portion of the professional care given to patients in the University Hospital. In the cost study done in 1972, the percentage of faculty time devoted to such activities was identified as having a dollar value in excess of $800,000.

A related issue became evident in some of the discussions with the interns and residents. If the institution is forced to limit services to people who do not pay in order that it can become self-sufficient and, if the attractiveness of the hospital is improved and larger numbers of paying patients are brought in from a broader community, this will have the result of diminishing services to that indigent population currently being served. The students and residents feel very keenly that a societal injustice may be done.

In discussing this issue with the administration, it was evident that they recognize the problems. It is their hope that financing solutions can be found to enable them to continue the mission to the poor people of Washington but they may have no recourse unless such funding is assurred.

VI. CLINICAL DEPARTMENTS

That portion of the team responsible for reviewing the clinical departments was impressed with the enthusiasm, dedication and excellence of the chairmen and those members of the staff who were interviewed. Several common concerns were registered and these are noted as follows:

(1) The lack of clerical support for both small and large departments.
(2) The lack of time for scholarly pursuits, including research and publishing, due to the excessive service and teaching loads (a universal concern during this review).
(3) The clinical laboratories and the Records Department in the hospital have not yet achieved a desired level of efficiency.
(4) The need to develop more cooperative and positive relationships with the nursing service in the hospital which could be achieved in part by making some modification to the present administrative organization.
(5) The lack of sensitivity to the academic and patient care needs of a teaching (university) hospital on the part of Howard University administration at the highest levels.
(6) A lack of communication between faculty and the "power structure" of the Medical School which leads on the part of the former to frustration, suspicion, a credibility gap and ultimately a lack of confidence in the leadership.
(7) The concern that recent increases in the charges to patients for outpatient visits will change the patient profile and decimate certain clinical services (notably Pediatrics and Obstetrics, which depend upon the young, many of whom are poor, for the majority of their case load). Increased charges may result in a departure from the traditional policy of providing quality health care for the poor, to which the old Freedmen's Hospital was dedicated.
(8) The senior staff of the Department of Community Health Practice related as one of their major concerns the lack of perception by the other departments and the hospital of the resources and skills of the department and the necessity for the department to negotiate a role for itself in the college and hospital. During the interview with the chairmen and senior staff of the Department of Family Practice, they indicated a strong desire to have closer academic ties with the Department of Community Health Practice in a mutually supporting set of programs and academic activities. On the basis of

the foregoing, the Review Committee sees this as an excellent idea, supporting the needs of both departments and taking advantage of the under-utilized and unique resources for service and especially research, which the Department of Community Health Practice possesses.

K. CONCLUSIONS AND RECOMMENDATIONS

With a few minor changes, the summary and conclusion written by the Survey team in 1964 could be repeated at this time. It is not that the institution has stood still, but the changes in society and the growth of medical schools throughout the country leave it in a relative position which is unchanged. Changes in national health policies which can be anticipated in the near future make it urgent to reach decisions on this University rapidly. Thus, the Survey team presents its conclusions in a form which identifies the responsible area for decision making.

a. Those issues which must be addressed by the Federal Government alone.

(1) Student financial aid - The student body at Howard University has a financial need which is exceptional in magnitude. There is no other identifiable source for more support other than from the Federal Government if the graduates are not to be burdened by undue indebtedness or work during school to the detriment of their learning.

(2) Patient Care Financing - If the University Hospital is to continue to serve the population now being served, the increasing costs must be met by some type of public financing (National Health Insurance or direct subsidy from the District of Columbia or the Federal Government). At the moment, scarce educational resources and funds must underwrite some of the costs of patient services.

(3) Physical Plant - Fortunately there have been substantial additions accomplished or committed (Hospital, Basic Science building currently being planned). A few relatively small needs must be added: specifically, an adequate library, expanded Animal Care Facilities and a research building.

(4) Timing of Budgetary Allocations - The current method of allocating the Federal appropriations leaves the University in an uncertain position and mitigates against efficient planning and implementation. Often the actual amount of the allocation is unknown until after the beginning of the academic year. Serious consideration should be given to forward financing or some comparable technique for solving this problem.

b. Those issues which must be addressed by the University itself:

(1) Organization and Administration - The current organization with its high degree of centralization of services and decision-making is particularly handicapping to the medical college and hospital. The incompatibilities of student record systems, personnel systems, fiscal data systems, etc. with the unique requirements of a combined educational and service endeavor suggest a reexamination of the current organizational methods and styles. Greater decentralization of operating responsibilities need not vitiate the principle of unity of purpose and policy, but rather may facilitate the achievement of that objective.

(2) Faculty Practice Plan - The absence of a faculty practice plan makes it impossible for the institution to be fully accountable to the public and may even result in lack of effectiveness of income utilization. It is recognized that progress is now being made and that it was not possible to implement such plans until the new hospital was available. Although the risks in the development of such a plan are high and there have been grave difficulties in all institutions undergoing this transition, it is nevertheless mandatory that a reasonable target date be established now for the accomplishment of this task.

c. Issues which must be addressed jointly by the University and the Federal Government:

(1) Broadening the mission of the College of Medicine - Although a scholarly environment expressed through faculty research and graduate teaching is necessary and desirable as an atmosphere to enhance the learning of medical students, there is yet another even more compelling reason to develop the component of the mission at this time. The objective of providing opportunity for entry into medical school for black youths is now being shared, to some extent, by all institutions in the country. However, it is not true that blacks have achieved anything approaching equal educational opportunity. To do this requires, among other things, that the very young be motivated and encouraged to put forth the effort and this requires role models with which they can identify. In the area of medical education, there is an obvious paucity of black academicians. If Howard is to adequately fulfill its total mission to black people, it must participate in the production of these teachers and investigators. Indeed, any university which does not contribute to the pool of scholars is parasitic on the other institutions. To accomplish this objective, it is necessary to enlarge and enhance the research and graduate training programs which are currently far below desirable levels for a medical school.

The Federal Government has been largely instrumental in funding research activity in the institutions of the country

as a whole. However, it is unfortunately true that the current constraints and higher degree of competitiveness for such funds will present an obstacle to this University until it first achieves an improved standing. Thus, consideration must be given to the importance of this objective and funding would be needed to give the faculty the time and the resources. Funds alone, however, are not enough. The University must also commit itself to this objective and reexamine its faculty development programs, appointment and promotions policies, and provide the environment which encourages the exercise of true scholarship.

APPENDIX A

HOWARD UNIVERSITY
Washington, D. C. 20001

College of Medicine
Office of the Dean

Schedule for
U.S. Office of Education Survey
of the
Howard University College of Medicine

Monday, June 2, 1975

9:00 a.m.	Administration (Dean's Conference Room - Room 2026)
	Marion Mann, M.D. Dean
	Eleanor I. Franklin, Ph.D. Associate Dean Academic Affairs
	Reid E. Jackson, Ed.D. Associate Dean Student Affairs
	Philip R. Roane, Ph.D. Chairman Research Committee
	Miriam S. Wiley, Ph.D. Director Office of Medical Education
11:30 a.m.	Tour of College of Medicine
12 noon	Lunch with Members of Faculty Involved in Research (Dean's Conference Room)
	Marion Mann, M.D. Dean
	Robert F. Murray, M.D. Chief Medical Genetics Unit
	Philip R. Roane, Ph.D. Department of Microbiology
	Allen F. Calvert, Ph.D. Medical Genetics Unit
	Balwant Ahluwalia, Ph.D. Department of Obstetrics-Gynecology

81

Willie Turner, Ph.D.
Chairman
Department of Microbiology

Interviews with Department Chairmen
and Center Directors

Suite 1322 Conference Rooms

	GROUP I	GROUP II
1:00 p.m.	Anatomy (Dr. Leak)	Dermatology (Dr. Kenney)
		Physical Medicine and Rehabilitation (Dr. Hastings)
2:00 p.m.	Biochemistry (Dr. Marshall)	Radiology (Dr. Press)
2:30 p.m.		Radiation Therapy (Dr. Henschke)
3:00 p.m.	Microbiology (Dr. Turner)	Family Practice (Dr. Matory)
4:00 p.m.	Pathology (Dr. Jackson)	Community Health Practic (Dr. Shepperd)

Tuesday, June 3, 1975

9:00 a.m.	Pharmacology (Dr. West)	Medicine (Dr. Townsend)
10:00 a.m.	Center for Sickle Cell Disease (Dr. Scott)	Obstetrics-Gynecology (Dr. Clark)
12 noon	Lunch with Students (Dean's Conference Room)	
	Donald C. Thomas, III Sophomore Student	Kathi A. Flowers Junior Student
	Frederick J. Corder Junior Student	Deborah A. Manning Junior Student
	Rudolph V. Foy Junior Student	Roger Smith Senior Student

	Clarine Coker Senior Student	Hosea M. Thomas Senior Student Franklin Garmon Senior Student
	GROUP I	GROUP II
1:00 p.m.	Animal Section (Dr. Collette)	Psychiatry (Dr. Bullock)
2:00 p.m.	Cancer Research Center (Dr. White)	Surgery (Dr. Leffall)
3:00 p.m.	Hospital Administration Howard University Hospital Dr. Vincent Roux (Medical Director)	
4:00 p.m.		Neurology (Dr. Wood)
5:00 p.m.	Meeting with Members of House Staff of Howard University Hospital	
	Pearl Carpenter, M.D. Resident-Pediatrics	Robert Carter, M.D. Resident-Family Practice
	Glen Johnson, M.D. Resident-Family Practice	Paul Alexander, M.D. Rotating Intern
	Phil Price, M.D. Resident-Obstetrics/Gynecology	

Wednesday, June 4, 1975

9:00 a.m.	Meeting with Vice President for Health Affairs Carlton P. Alexis, M.D. (Room 203 Freedmen's Annex 2)	
10:00 a.m.	Executive Session of Survey Team	
12 noon	Lunch with Junior Members of Faculty (Suite 1322 Conference Room)	
	David B. Henson, Ph.D. Department of Biochemistry	Roy L. Schneider, M.D. Department of Surgery
	H. Lloyd Garvey, Ph.D. Department of Pharmacology	J. Rodman Ransome, M.D. Department of Pathology

Marian G. Secundy, M.S.S.
Department of Family Practice

1:00 p.m. Meeting with President
James E. Cheek, Ph.D.
(Administration Building)

APPENDIX B

HOWARD UNIVERSITY
BUDGET 1974-1975

MEDICINE
SUMMARY

DEPARTMENT	SALARIES	WAGES	SUPPLIES AND EXPENSES	EQUIPMENT	TOTAL
Administration	$ 329,324.58	$14,230.00	$ 29,022.88	$ 2,659.00	$ 375,272.46
Continuing Medical Education	---	---	4,000.00	---	4,000.00
Office of Medical Education	48,265.41	3,788.00	63,843.00	4,968.00	120,864.41
Anatomy	333,353.26	4,000.00	23,680.00	11,325.00	372,358.26
Biochemistry	253,659.94	1,500.00	18,500.00	8,770.00	282,429.94
Community Health Practice	314,072.21	1,500.00	13,352.00	2,952.00	331,876.21
RPI-2049-Reserve	5,878.00	---	21,930.00	---	27,808.00
Family Practice	60,482.06	---	11,000.00	3,000.00	74,482.06
RPI-2049 Administration	2,000.00	25,000.00	29,000.00	---	56,000.00
Medicine	1,092,833.40	3,528.00	25,180.00	12,900.00	1,134,441.40
Microbiology	280,649.82	---	17,800.00	12,352.00	310,801.82
Neurology	68,862.84	---	6,400.00	1,500.00	76,762.84
Non-Teaching Reserve	17,385.48	---	---	---	17,385.48
Obstetrics and Gynecology	298,698.09	450.00	11,231.00	3,500.00	313,879.09
Pathology	428,052.15	2,516.00	27,000.00	16,566.00	474,134.15
Pediatrics	548,747.31	---	16,337.00	13,197.00	578,281.31
RPI-2049 Pediatrics	5,822.31	---	---	---	5,822.31
Pharmacology	318,895.41	2,521.00	34,200.00	11,000.00	366,616.41
Physical Medicine and Rehabilitation	24,359.71	---	4,500.00	6,399.00	35,258.71

HOWARD UNIVERSITY
BUDGET 974-1975

MEDICINE
SUMMARY

DEPARTMENT	SALARIES	WAGES	SUPPLIES AND EXPENSES	EQUIPMENT	TOTAL
Physiology Byophysics	$ 442,400.14	$ 1,178.00	$ 23,692.00	$ 13,810.00	$ 481,080.14
Psychiatry	216,123.56	---	13,080.00	3,500.00	232,703.56
Radiology	34,236.40	3,330.00	6,800.00	2,000.00	46,366.40
RPI-2049 Obstetrics and Gynecology	10,431.97	---	---	---	10,431.97
Radiation Therapy	20,076.92	---	7,800.00	4,005.00	31,881.92
Audio-Visual Aid	95,162.09	5,296.00	9,000.00	15,650.00	125,108.09
Animal Section	112,499.75	7,000.00	45,484.00	5,500.00	170,483.75
Printing and Reproduction	66,719.29	---	2,000.00	---	68,719.29
Purchasing	38,483.92	---	5,332.00	250.00	44,065.92
Staff Benefits	---	---	583,791.62	---	583,791.62
Surgery	823,458.84	2,802.60	28,397.00	14,290.00	868,948.44
Teaching Reserve	8,909.15	---	---	---	8,909.15
Cancer Research Center	---	---	1,000.00	---	1,000.00
Center for Sickle Cell Disease	---	---	1,000.00	---	1,000.00
RPI-2053 Vivian B. Allan	44,268.61	---	---	---	44,268.61
RPI-2054 Vivian B. Allan	35,053.39	---	---	---	35,053.39
Total	$6,379,166.01	$78,639.60	$1,084,352.50	$170,129.00	$7,712,287.11
Less Credits Animal Section	---	---	66,882.00	---	66,882.00
Total	$6,379,166.01	$78,639.60	$1,017,470.50	$170,129.00	$7,645,405.11

BUDGET 1973 - 1974 SUMMARY

DEPARTMENT	SALARIES	WAGES	SUPPLIES AND EXPENSES	EQUIPMENT	TOTAL
Administration	$ 308,034.81	$ 14,230.00	$ 28,087.00	$ 2,695.00	$ 353,046.81
Staff Benefits	---	---	465,291.00	---	465,291.00
Ford Foundation RPI-2049 Adm	2,000.00	25,000.00	29,000.00	---	56,000.00
Student Testing	35,860.41	1,788.00	39,222.00	2,218.00	79,088.41
Academic Reinforcement Program	8,208.00	2,000.00	24,621.00	2,750.00	37,579.00
Service and Supplies					
Animal Section	100,427.49	7,000.00	40,904.00	4,000.00	152,331.49
Purchase Section	35,767.00	---	5,332.00	250.00	41,349.00
Audio-Visual Aids	81,290.19	5,296.00	9,000.00	15,650.00	111,236.19
Printing and Reproduction	62,794.80	---	2,000.00	---	64,794.80
Allied Health Sciences	57,300.83	868.00	7,958.00	1,000.00	67,126.83
Allied Health Science Reserve	286,548.00	---	95,552.00	17,900.00	400,000.00
Anatomy	269,303.98	4,000.00	19,680.00	8,825.00	301,808.98
Biochemistry	194,588.74	1,500.00	14,100.00	6,270.00	216,458.74
Community Health Practice	221,573.40	1,500.00	7,352.00	1,952.00	232,377.40
Family Practice	32,837.00	---	3,000.00	2,000.00	37,837.00
Medicine	1,068,296.34	3,878.00	22,480.00	12,600.00	1,107,254.34
Ford Foundation RPI-2049 MED	5,878.00	---	---	---	5,878.00
Microbiology	237,635.46	---	11,505.00	10,852.00	259,992.46
Neurology	40,996.98	---	---	---	40,996.98
Psychiatry	135,192.75	---	6,380.00	2,000.00	143,572.75
Obstetrics and Gynecology	273,006.04	87 450.00	8,231.00	2,000.00	283,687.04

DEPARTMENT	SALARIES	WAGES	SUPPLIES AND EXPENSES	EQUIPMENT	TOTAL
ME-RPI 2049 OB-GYN	$ 10,392.00	$ ---	$ ---	$ ---	$ 10,392.00
Pathology	360,314.05	2,516.00	21,400.00	15,066.00	399,296.05
Pediatrics	489,545.29	---	13,337.00	11,697.00	514,579.29
Ford Foundation RPI-2049 PED	5,800.00	---	---	---	5,800.00
Pharmacology	272,092.71	2,521.00	26,200.00	9,500.00	310,313.71
Physical Medicine and Rehabilitation	22,265.00	---	3,500.00	4,500.00	30,265.00
Physiology and Biophysics	373,142.11	1,178.00	19,692.00	12,310.00	406,322.11
Radiology	33,271.00	3,330.00	5,800.00	1,000.00	43,401.00
Radiation Therapy	18,000.00	---	6,800.00	1,005.00	25,805.00
Surgery	745,297.07	2,802.60	24,397.00	11,790.00	784,286.67
Vivian B. Allen Foundation	79,322.00	---	---	---	79,322.00
ME-RPI 2049 Reserve	---	---	21,930.00	---	21,930.00
Non-Teaching Reserve	6,515.48	---	---	---	6,515.48
Teaching Reserve	3,514.00	---	---	---	3,514.00
1972-1973 Government Reserve	---	---	1,750.00	4,797.00	6,547.00
1974 Government Reserve	549,240.00	---	170,361.00	30,399.00	750,000.00
Gross Budget	$6,426,250.93	$79,857.60	$1,154,862.00	$195,026.00	$7,855,996.53
Less Credits:	---	---	(66,882.00)	---	(66,882.00)
Net Budget	$6,426,250.93	$79,857.60	$1,087,980.00	$195,026.00	$7,789,114.53

HOWARD UNIVERSITY
BUDGET 1975-1976

MEDICINE
SUMMARY

DEPARTMENT	SALARIES	WAGES	SUPPLIES AND EXPENSES	EQUIPMENT	TOTAL
Administration	$ 376,045.13	$14,230.00	$ 49,517.12	$ 2,695.00	$ 442,487.25
Continuing Medical Education	----	----	4,000.00	----	4,000.00
Office of Medical Education	52,471.15	3,788.00	63,843,00	4,968.00	125,070.15
Anatomy	352,825.51	4,000.00	23,680.00	11,325.00	391,830.51
Biochemistry	250,478.73	1,500.00	18,500.00	8,770.00	279,248.73
Community Health Practice	323,537.95	1,500.00	13,352.00	2,952.00	341,341.95
RPI 2049 Reserve	5,878.00	----	2,180.00	----	8,058.00
Family Practice	63,039.21	----	12,500.00	1,500.00	77,039.21
RPI 2049 Administration	2,000.00	25,000.00	45,000.00	----	72,000.00
Medicine	1,051,381.45	3,528.00	26,080.00	12,000.00	1,092,989.45
Dermatology	122,970.57	350.00	2,300.00	1,200.00	126,820.57
Microbiology	278,469.43	----	17,800.00	12,352.00	308,621.43
Neurology	74,876.63	----	6,400.00	1,500.00	82,776.63
Non-Teaching Reserve	6,750.20	----	----	----	6,750.20
Obstetrics and Gyn	308,314.62	450.00	11,231.00	3,500.00	323,495.62
Pathology	393,146.97	2,516.00	27,000.00	16,566.00	439,228.97
Pediatrics	533,841.31	----	16,337.00	13,197.00	563,375.31
RPI 2049 Pediatrics	3,829.84	----	----	----	3,829.84
Pharmacology	340,388.43	2,521.00	34,200.00	11,000.00	388,109.43
Physical Medicine and Rehabilitation	----	----	4,500.00	6,399.00	10,899.00
Physiology/Biophysics	433,972.39	1,178.00	23,692.00	13,810.00	472,652.39
Psychiatry	226,391.29	----	13,080.00	3,500.00	242,971.29
Radiology	55,309.33	3,330.00	6,800.00	2,000.00	67,439.33
RPI 2049 Obstetrics and Gynecology	10,471.94	----	----	----	10,471.94
Radiation Therapy	27,430.68	----	7,800.00	4,005.00	39,235.68
Audio Visual Aid	74,343.65	5,296.00	9,000.00	15,650.00	104,289.65
Animal Section	164,153.15	7,000.00	45,484.00	5,500.00	222,137.15
Animal Section - Credits	----	----	(60,000.00)	----	(60,000.00)
Printing and Reproduction	74,534.17	----	2,000.00	----	76,534.17
Purchasing	41,609.70	----	5,332.00	250.00	47,191.70
Staff Benefits	----	----	632,902.93	----	632,902.93
Surgery	944,300.05	2,802.60	28,397.00	14,290.00	989,789.65
Teaching Reserve	16,669.35	----	----	----	16,669.35
Cancer Research Center	8,336.64	----	1,000.00	----	9,336.64
Sickle Cell Disease	43,204.20	----	1,000.00	----	44,204.20
RPI 2053 Vivian B. Allen	46,882.88	----	----	----	46,882.88
RPI 2054 Vivian B. Allen	48,567.49	----	----	----	48,567.49
Total	$6,756,422.04	$78,989.60	$1,094,908.05	$168,929.00	$8,099,248.69

APPENDIX C

GRANTS-IN-AID AND CONTRACTS--FEDERALLY SUPPORTED

	Principal investigator and department	Title of grant and number	Project period	Direct costs - FY 75
		(National Institutes of Health)		
D	Ahluwalia, Balwant Ob.-Gyn.	Interrelationships between retinol and male gonads - RPG 1741 (5R01-HD-06045-04)	5/1/72 - 7/31/75	Administratively extended without additional funds
NA	Ashe, Warren K. Administration	General research support grant - RPG 470-M (5S01-RR0536-14)	1/1/75 - 12/31/75	$161,250
I	Costello, Leslie C. Physiology	Surgical stress effects on citrate regulation - RPG 1541 (5R01-GM-17960-05)	9/1/70 - 4/30/76	$ 25,000
D	Costello, Leslie C. Physiology	Prostate citrate metabolism - RPG 1996 (5R01-HD-08420-02)	5/1/74 - 4/30/77	$ 22,407
M	Curry, Charles L. Medicine	Studies in clinical cardiology: Emphasis hypertension - RPG 2001 (5R01-HL-16531-02)	5/1/74 - 4/30/77	$156,581
D	Hawthorne, Edward W. Physiology	Hypertension and left ventricular hypertrophy - RPG 94 (5R01-HL-01015-24)	9/1/72 - 8/31/75	$ 71,941
M	Jackson, Marvin A. Pathology	Characterization of prostatic carcinoma among blacks - RPG 1928 (5R26-CA-15448-02)	10/1/73 - 9/30/78	$112,431
D	Leak, Lee V. Anatomy	The lymphatic system in health and in inflammation - RPG 1639 (5R01-AI10639-05)	6/1/71 - 5/31/78	$ 28,485
D	Leak, Lee V. Anatomy	Lymphatic capillaries in early inflammation - RPG 1585 (5R01-HL-13901-05)	1/1/71 - 12/31/75	$ 41,923
D	Morris, Harold B. Biochemistry	Induction-characterization minimal deviation hepatomas - RPG 1325 (5R01-CA-10729-08)	2/1/73 - 1/31/78	$178,086
D	Pradhan, S.N. Pharmacology	Influence of central nervous system on oncogenesis - RPG 1629 (5R01-CA-11982-05)	6/1/71 - 5/31/76	$ 20,911
M	Scott, Roland B. Pediatrics	Comprehensive Sickle Cell Disease Center - RPG 1764 (5P18-HL-15160-04)	6/1/72 - 3/31/77	$411,237
D	Tanaka, Duke Anatomy	Development of frontal lobe connections in the dog - RPG 2167 (1R01-NS-12463-01)	6/1/75 - 5/31/76	$ 28,299
D	Turner, Blair H. Anatomy	Anatomy of visuo - and somatomotor behaviors RPG - 2010 (5R01-MH-25495-02) - NIMH	6/1/74 - 5/31/77	$ 16,565
D	West, William L. Pharmacology	Irradiation and tissue localization response RPG 1463 (5R01-CA-11491-06)	2/1/72 - 6/30/75	Administratively extended without additional funds
M	White, Jack E. Surgery	Howard University cancer core grant RPG 1933 (5P01-CA-14718-02)	10/1/73 - 9/30/76	$200,000

GRANTS-IN-AID AND CONTRACTS—FEDERALLY SUPPORTED

	Principal investigator and department	Title of grant and number	Project period	Direct costs - FY 75
D	Walters, Curla S. Medicine	Immunological reactions to haptens on autologous carriers - RPG 2152 (7R01-AI-13122-01)	4/1/75 - 3/31/76	$ 31,455
		(National Science Foundation)		
D	Addy, Marian E. Biochemistry	Chemical evolution of proteins: stereo-selectivity of amino acids - RPG 2052 (GB-44323)	6/1/74 - 2/29/76	*($12,107)
D	Austin, W. Lena Microbiology	A comparative study of ascospore wall ontogeny in neurospora and gelasinospora - RPG 2053 (GB-44324)	6/1/74 - 2/29/76	*($19,247)
D	Chakrabarti, Siba G. Dermatology	Purification of dermal chalone (HES75-09028)	6/1/75 - 2/28/77	$ 14,225
D	Chan, Ann Soo Anatomy	Ultrastructure and function of the ultimobranchial gland of the chicken (HES75-09030)	6/1/75 - 2/28/77	$ 13,300
D	Cruce, William, L.R. Anatomy	Intraneuronal markers for electron microscopy RPG 2165 (BMS75-09643)	5/15/75 - 10/31/77	$ 48,220
D	Moolenaar, Gwen-Marie Physiology	Electrophysiological study of the neurons of the Raphe complex - RPG 2054 (GB-44325)	6/1/74 - 2/29/76	*($17,770)
D	Rhoads, Allan R. Biochemistry	Chromatographic separation and purification of cyclic 3', 5' nucleotide phosphodiesterases on affinity columns (BMS75-16751)	5/1/75 - 10/31/77	$ 14,136
D	Royal, George Microbiology	Production of antibody-related factors in the Blaberus Craniifer (HES 75-09029)	6/1/75 - 2/28/77	$ 12,930
D	Trouth, C. Ovid Physiology	Localization of central chemoreceptors for respiratory and vasomotor control (HES 75-09024)	6/1/75 - 2/28/77	$ 19,877
		(National Aeronautics and Space Administration)		
I	Fischman, Eugene J. Medicine	Investigations of non-invasive ECG system - RPG 2099 (NGR09-011-055)	9/1/74 - 8/31/75	$ 14,922
I	Hawthorne, Edward W. Physiology	Prolonged space flight (300+ days) and cardiac performance in chimpanzees - RPG 1340 (NGL05-011-017)	1/15/75 - 1/4/76	$ 85,000
D	Herson, Jay Community Health Practice	Investigations of MIMS application - RPG 2098 (NSG 5016)	9/1/74 - 8/31/75	$ 19,189
		(National Institute on Drug Abuse)		
I	Sheagren, John N. Medicine	Infection and immunity in drug abusers - RPG 2168 (1R01-DA01026-01)	5/1/75 - 4/30/78	$ 78,015

*Amount originally awarded these active projects; no additional funds were awarded in FY 1975.

GRANTS-IN-AID AND CONTRACTS—FEDERALLY SUPPORTED

	Principal investigator and department	Title of grant and number	Project period	Direct costs - FY 75
		(Environmental Protection Agency)		
D	Nandedkar, Arvind & Friedberg, Felix	Radioimmunoassay of metallothionein - RPG 2071 (R803201-01)	6/24/74 - 6/23/76	$ 32,024
		(Food and Drug Administration)		
D	Brusick, David J. Microbiology	Host-mediated studies of carcinogenic and mutagenic compounds - RPG 1920 (5R01-FD-00521-02)	9/1/73 - 8/31/75	$ 18,721
		(Smithsonian Institution)		
D	Hussain, S. Taseer Anatomy	Cenozoic mammals of Pakistan	6/24/75 - 6/29/76	*($25,439)
		(DHEW, Office of Child Development)		
I	Rosser, Pearl L. Pediatrics	Study of family style and interactions with external institutions - RPG 2079 (90-C-258)	6/30/75 - 6/29/76	$ 79,861

RESEARCH GRANTS: NON-FEDERAL

	Principal Investigator and department	Title of grant and number	Grantor	Project period	Direct costs FY 75
D	Curry, Charles L. Medicine	The long-term study of dobutamine in patients with chronic congestive failure or myocardial infarction with failure - RPG 2087 (5747/D30)	Eli Lilly Company	4/1/74	*($29,418)
D	Curry, Charles L. Medicine	Evaluation of anti-hypertensive drug - guanadrel sulfate - RPG 1999 (G(U-28-288D))	Upjohn Company	4/1/74	*($14,606)
D	Jones, George W. & Jackson, Aaron G. Surgery	A clinical study of cinoxacin for safety and efficacy in the therapy of urinary tract infections caused by susceptible gram-negative organisms - RPG 2176	Eli Lilly Company	6/1/75 - 5/31/76	$2,843
D	Kenney, John A. Dermatology	Double-blind parallel comparative study: tinea versicolor patients, cutaneous candidiasis patients, tinea corporis patients - RPG 2150	American Hoechst Company	4/3/75	$9,792
D	Kenney, John A. Dermatology	Total depigmentation in vitiligo - RPG 1244	Paul B. Elder Company	1/10/75	$1,500
D	Kenney, John A. Dermatology	Pseudofolliculitis barbae: A double-blind study of retin-a cream - RPG 2103	Johnson and Johnson	5/30/75	$500

*Amount originally awarded these active projects; no additional funds were awarded in FY 1975

RESEARCH GRANTS: NON-FEDERAL

	Principal investigator and department	Title of grant and number	Grantor	Project period	Direct costs FY 75
D	Kenney, John A. Dermatology	The clinical comparison of the kenalog cream of Squib and the new valerate cream of the Schering Company - RPG 1334	E.R. Squibb and Sons, Inc.	1/16/74	*($1,950)
D	Kenney, John A. Dermatology	A phase II study of a depigmenting compound - RPG 2102	Westwood Pharmaceuticals Company	2/5/75	$720
D	Parker, Richard H. Medicine	Gantrisin-trimethropin in the treatment of chronic urinary tract infections - RPG 1805 -	Hoffman-LaRoche Company	8/1/72	*($4,400)
D	Garvey, H. Lloyd Pharmacology	Relationship between sleep deprivation and cardiovascular diseases - RPG 2059	Washington Heart Association	7/1/74 - 6/30/75	$5,550
D	Simmons, Robert L. Surgery	Evaluation of induced electronegativity as a local anti-coagulant of prosthetic heart valves - RPG 1952	Washington Heart Association	12/1/73 - 6/30/75	*($9,600)
D	Sussman, Bernard J. Surgery	Oxygen, CO_2 and pH in CSF and related CNS compartments - RPG 1834	Washington Heart Association	7/1/73 - 3/31/75	*($6,820)
D	Henson, David B. Biochemistry	Comparative study of structural protein of erythrocyte ghosts of normal and Abnormal blood - RPG 1921	National Foundation - March of Dimes	9/1/73 - 8/31/75	$14,300
D	Kenney, John A. Dermatology	Investigations in vitiligo - RPG 171	Vitiligo Foundation, The Frontiers of America	8/1/74	$2,600
D	Suran, Anita Pharmacology	Effects of purine metabolities on brain cyclic adenyl acid: possible behavioral correlates - RPG 2149	Scottish Rite Schizophrenia Research Program	3/1/72 - 2/28/76	$2,837
D	Archer, Juanita A. Medicine	Evaluation of insulin receptors in man RPG 2135	American Diabetes Association, Inc.	5/6/75	$5,000
D	Booker, Walter M. Pharmacology	The effects of aldactone, SC 26714 and SC 23902 on the anesthetized and awake dog carotid sinus reflex response and acute hypertension: and on the blood pressure of conditioned rats - RPG 1938	Searle Laboratories	10/1/73	$15,850
I	Ahluwalia, Balwant S. Medicine	Hypertension induced in oral contraceptive users - RPG 2164	Ortho Research Foundation	5/1/75	$7,475
NA	Booker, Walter M. Pharmacology	For support of research and teaching programs in pharmacology - RPG 1432	Hoffman-LaRoche Foundation	10/15/72	$8,095

*Amount originally awarded these active projects; no additional funds were awarded in FY 1975

RESEARCH GRANTS: NON-FEDERAL

	Principal investigator and department	Title of grant and number	Grantor	Project period	Direct costs FY 75
D	Garvey, H. Lloyd Pharmacology	Studies on the etiology, mechanism and therapy of cardiovascular diseases - RPG 1929 (T18999X)	Sinsheimer Fund	6/1/73	$9,000
NA	Kenney, John A. Dermatology	For the use of research and educational efforts - RPG 1015	Duke Laboratory Foundation, Inc.	9/23/69	$2,600
NA	Mann, Marion & Ashe, Warren K. Administration	The Andrew Mellon Foundation Grant to the College of Medicine - RPG 1962	Andrew W. Mellon Foundation	1/1/74	*($14,000.00)
NA	Miller, Russell L. Medicine	Support of research and teaching activities in clinical pharmacology - RPG 2123	Hoffman-LaRoche Foundation	11/13/74	$5,000
NA	Scott, Roland B. Center for Sickle Cell Disease	Howard University Center for Sickle Cell Disease Research - RPG 2101	United Black Fund, Inc.	7/1/74	$83,750
I	Scott, Roland B. Center for Sickle Cell Disease	Investigation of clinical aspects of sickle cell anemia - RPG 1655 (74036)	John A. Hartford Foundation	7/1/71 - 10/31/75	$50,143

CONTRACTS: RESEARCH, TRAINING AND HEALTH CARE (SERVICE) DELIVERY

NA	Austin, Kenneth A. Medicine	Comprehensive care program for arthritis - RPG 2089 (C-058)	Metropolitan Washington Regional Medical Program	10/1/74 - 9/30/75	$88,333
NA	Dillard, Martin G. Medicine	End stage renal disease outpatient dialysis program - RPG 2105	Metropolitan Washington Regional Medical Program	12/20/74- 6/30/75	$18,518
NA	Eldadah, Adnan H. Community Health Practice	A study to determine the feasibility of developing a school of public health in a predominantly minority university	Health Resources Administration, DHEW	6/30/75	$61,200
D	Friedberg, Felix Biochemistry	Chemical effects of ionizing radiation on individual amino acids within intact and pure protein molecules - RPG 434 (AT40-1 4183)	Atomic Energy Commission	3/1/75 - 2/29/76	$8,450
I	Funderburk, William W. Surgery	The correlation of molecular virology studies to diagnosis of breast cancer - RPG 1994 (N01-CP-43287)	National Cancer Institute, NIH	3/1 74 - 2/29/76	$24,372
NA	Hackney, Robert L., Jr. Medicine	Early detection of COPD - RPG 2125	Metropolitan Washington Regional Medical Program	10/1/74 - 9/30/75	$46,296

*Amount originally awarded these active projects; no additional funds were awarded in FY 1975

CONTRACTS: RESEARCH, TRAINING AND HEALTH CARE (SERVICE) DELIVERY

	Principal investigator and department	Title of grant and number	Grantor	Grant Period	Direct Costs FY 1975
NA	Hastings, Alicia Physical Medicine & Rehabilitation	Demonstration of cancer rehabilitation facilities and/or departments (N01-CN-55300)	National Cancer Institute, NIH	6/30/75	$400,585
NA	Shoppero, James D. Community Health Practice	Hypertension Education Project - RPG 2158	Community Group Health Foundation, Inc.	9/1/74 - 8/31/75	612
NA	White, Jack E. Cancer Research Center	Comprehensive Cancer Center Communications Network (N01-CN-55230)	National Cancer Institute, NIH	6/30/75	85,259
NA	Wood, Don H. Neurology	A study of prognosis after stroke - RPG 2042 (N01-NS-4-2329)	National Institute of Neurological Diseases & Stroke, NIH	6/30/74 - 6/27/75	91,236
NA	Wood, Don H. Neurology	Stroke day care center program - RPG 2115 (AR-74-09-10)	Metropolitan Washington Regional Medical Program	10/1/74 - 9/30/75	106,482

SUMMARY

Distribution of Research Projects in the Howard University College of Medicine, 1974-75, by Disciplinary Nature

Disciplinary Nature	Number	Amount of Funding
Disciplinary	43	$853,085
Interdisciplinary	8	$364,788
Multidisciplinary	4	$880,249
Not applicable	6	$360,695
Total	61	$2,458,817

APPENDIX D

Membership of the Inspection Team

DHEW Participants

Dr. Preston Valien - Director, College and University Unit, Bureau of Postsecondary Education, USOE (Director of the Inspection)

Dr. William Bennett - Chief, Institutional Resources Branch, Division of Medicine, Bureau of Health Manpower, Health Resources Administration (Co-director of the Inspection)

Dr. Louis J. Venuto, College and University Unit, USOE (Coordinator of the Inspection)

Mr. J. C. Breiby - Office of Architectural and Engineering Services - DHEW

Ms. Susan Croll - USOE, Region III

Mr. John Donahue - Community Services and Continuing Education, USOE

Mr. Henry Drennan - Office of Libraries and Learning Resources, USOE

Dr. William Martin - Division of International Education, USOE

Ms. Dorothy Parker - College and University Unit, USOE

Mr. Richard Sonnergren - Assistant to the Deputy Commissioner for Postsecondary Education, USOE

Ms. Carol J. Smith - College and University Unit, USOE

Medical Consultants

Dr. Robert Bucher, M.D. - Professor of Surgery, College of Medicine, University of South Alabama, Mobile, Alabama (Chairman of Medical Consultants Inspection Team)

Dr. Jacquelyne J. Jackson, Ph.D. Associate Professor of Medical Sociology, Duke University, Durham, North Carolina

Dr. Edgar E. Smith, Ph.D. Provost, University of Massachusetts Medical School, Worcester, Massachusetts

Dr. George Lythcott, M.D. Center for Health Sciences, University of Wisconsin, Madison, Wisconsin

Dr. Bernard J. Bridges, M.D. - Member, Composite Board of Medical Examiners, State of Georgia; Attending Faculty, Grady Memorial Hospital, Atlanta, Georgia